



Rabies Submission Form

For laboratory use only

Date Received: _____
 Time Received: _____
 Entered By: _____

Maine Health & Environmental Testing Lab, 47 Independence Drive, Augusta, ME 04333
 Phone: 207-287-1706 Fax: 207-287-8925

- Submissions are accepted 7:30am-4:30pm Mon-Fri (Excluding holidays or State closures). No after-hours submissions will be accepted.
- Before submitting, please read and follow submission guidelines.
- Use one form for each specimen submitted.
- Incomplete forms may result in testing delays.
- Fill in all the information.

Form last updated 10/2024

Submitter Information

Submitted By: _____ **Phone:** _____

Send Report To: Same as above

First/Last Name: _____ **Phone:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Results reporting preference? Call Email **Email:** _____

Animal Information

****DO NOT SUBMIT LIVE ANIMALS****

Animal Type: Dog Cat Raccoon Skunk Bat (Species): _____ Red Fox Grey Fox
 Other (Specify): _____

Domestic Animals Only (for testing or exposure)

Owners Name: _____ **Domestic Animal Name:** _____

Vaccination Status: Vaccinated, up to date Vaccinated, not up to date Not Vaccinated Unknown

Last known vaccination date: _____

Date of collection/euthanasia: _____

Did the animal show signs of rabies? Yes No Unknown

Animal was from: TOWN: _____ **COUNTY:** _____

Zip Code: _____ **GPS Coordinates (if known):** _____

Exposure Information

Exposure Type	Name, Address, and Phone Number (Human exposed or owner of animal exposed)	Date of Exposure	Date of Collection	Exposure Type
<input type="checkbox"/> Human <input type="checkbox"/> Animal				<input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Other:
<input type="checkbox"/> Human <input type="checkbox"/> Animal				<input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Other:
<input type="checkbox"/> Human <input type="checkbox"/> Animal				<input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Other:

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FA Result: POS NEG Unsatisfactory Inconclusive (Send to CDC for Confirmation) **Reported By:** _____ **Date:** _____

Results Called To: _____ **Time:** _____ **Tech:** _____

Rabies Notification (email) Date/Time: _____ **Tech:** _____