

Washington Animal Disease Diagnostic Laboratory Rabies Submission Form

College of Veterinary Medicine, Washington State University
Web Site: <http://waddl.vetmed.wsu.edu>



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DO NOT SHIP FEDEX GROUND

E-Mail: waddl@vetmed.wsu.edu

Clinic/Hospital/Organization Submission (Part 1 required, Part 2 optional)

Private Owner/Farm Submission (skip to Part 2)

Part 1: Please type or use black ink and print clearly.

Veterinarian or Coordinator:		Last Name:		First Name:	
Clinic/LHJ:					
Street address:			City:	State:	Zip:
Mailing Address			City:	State:	Zip:
Phone:		Fax:		E-mail:	

Part 2:

Farm Name:		First Time Submitter?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Owner:			Guardian Name: (if owner is under 18)		
Street address:			City:	State:	Zip:
Mailing Address			City:	State:	Zip:
Phone:		Fax:		E-mail:	

Please fill out completely as possible:

Date Collected:	Date Shipped:
Human Exposure: <input type="checkbox"/> Yes (complete Event ID) <input type="checkbox"/> No	Collection City:
Event ID (for Human Exposure only):	Collection County:
Animal Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No	Collection State:
Tests Requested: <input type="checkbox"/> DFA <input type="checkbox"/> PCR	Collection Zip:

Note: WADDL reserves the right to modify the tests requested for more efficient case work-up and / or to send specimens to outside laboratories to perform testing not done at WADDL. Samples submitted become the property of WADDL and may be disposed of in 30 days.

Animal ID (name/tag#)	Species	Breed	Age	Sex	Weight
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Rabies Vaccination Status:

Rabies Symptoms:

Additional History: (Stress factors, treatments, postmortem findings, clinical lab results, previous WADDL Case Numbers. Attach additional sheets as necessary.)

"I certify that the specimens submitted with this form were collected by me from the animal(s) described on the date indicated."

Veterinarian's, Clinician's or Owner's Signature:	Condition(s) Suspected:
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