



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

Rabies Testing Lab: (512) 776-7595  
Toll Free Notification: 1-800-252-8163

**G-9 Rabies Specimen Submission Form  
(JAN 2020) Rev.1.**

<http://www.dshs.texas.gov/lab>

**\*\*\*FOR DSHS USE ONLY\*\***

**PLEASE COMPLETE A SEPARATE FORM FOR EACH SPECIMEN SUBMITTED**

**Section 1. SUBMITTER INFORMATION – (\*\* REQUIRED)**

Submitter Number	Submitter Name/Facility**	<b>NO COD's ACCEPTED</b> The shipper is responsible for all shipping charges		
Address**		City**	State** TX	Zip Code**
Phone**	Fax**	Contact / Collected By		Date of Collection

**State Law requires submitters of specimens for rabies examination to notify us in advance of shipment. Our toll-free number for notification is 1-800-252-8163; this number is monitored by a recorder 24 hours a day, 7 days a week. Please do not send specimens without prior notification. This will allow us to act promptly on missing specimens.**

Emergency testing or result reporting will only be done on weekends with prior approval of the Rabies Laboratory. Please call (512) 776-7595 before 4 p.m. on Friday to arrange for weekend testing. The laboratory and Zoonosis Control personnel will evaluate the situation and determine if emergency testing is necessary. After 4 p.m. on Friday, contact the Physician-on-call @ 512-776-7111 to request emergency testing. The submitter must provide an after hours contact telephone number if results are requested outside normal work hours.

**\*\* Do not freeze head. Send head only with the exception of bats and small rodents. Please know, head will not be returned, no exceptions\*\***

**Section 2. SPECIMEN/ANIMAL INFORMATION -- (\*\* REQUIRED)**

Animal Type** : <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Skunk <input type="checkbox"/> Fox <input type="checkbox"/> Bat <input type="checkbox"/> Raccoon <input type="checkbox"/> Bovine <input type="checkbox"/> Equine <input type="checkbox"/> Other: _____	Unique animal ID: <i>(created by and for the submitter)</i> <b>(Must match ID on head)</b>	Description		
	Animal Owner's Name	County of Animal's Origin**	Exposure Date	

**Section 3. HUMAN & PET EXPOSURE – (REQUIRED)**

Human Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No	Human Bite:: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pet Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Exposure Unknown: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments:

**FOR LABORATORY USE ONLY**

Carrier: <input type="checkbox"/> Hand <input type="checkbox"/> Bus <input type="checkbox"/> LSO <input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> Express Mail <input type="checkbox"/> Other: _____	
Date Received:	Comments:
Time Received:	

Hotline :