



Ventura County Public Health Laboratory

2240 E. Gonzales, Suite #160
 Oxnard, CA 93036
 Phone 805-981-5131/ Fax 805-981-5130
 CLIA #05D0668137

THIS SPACE IS RESERVED FOR LAB USE

TEST REQUISITION FORM – ANIMAL RABIES

Client Information	
Company Name (required):	
Street Address (required):	
City/State/Zip (required):	
Person to Notify (required):	
Phone# (required):	Fax# or Email:
Sample Information	
Animal Species:	Date of Brain Tissue Collection:
Date of Animal Death:	Time of Brain Tissue Collection:
Cause of Animal Death: <input type="checkbox"/> Euthanized <input type="checkbox"/> Died in Quarantine <input type="checkbox"/> Killed – How?_____	
Animal Symptoms:	
Reason for Rabies test:	
Vaccination Status of Animal:	
Comments:	
Human/Animal Exposure REQUIRED	<input type="checkbox"/> Human, bite Bite Location: _____ <input type="checkbox"/> Animal, bite Bite Location: _____ <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown <input type="checkbox"/> None
Circumstances of Bite:	
Person Exposed Name:	
Contact Information:	
Test Requested	<input type="checkbox"/> Rabies Virus by DFA