

California Department of Public Health - Viral and Rickettsial Disease Laboratory California Rabies Strain Typing / Species ID Project Submittal Form

Note: This form is to be used only by Public Health Laboratories to submit **laboratory confirmed, rabid animals for rabies virus strain typing or any bat for speciation**. The purpose of this study is to gather molecular epidemiology on rabies strains occurring in California and is not to be considered a diagnostic test.

NOTE: When requesting rabies strain typing, please send brain in a separate cryovial if possible.

Local PHL Accession #	Date Collected	Location Animal Collected (County: Specific locality)	Rabies Status (+ / -)	Type of Animal	Service Requested	VRDL Accession (completed by VRDL)
				<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Bat <input type="checkbox"/> Skunk <input type="checkbox"/> Fox <input type="checkbox"/> Other: _____	<input type="checkbox"/> Strain typing <input type="checkbox"/> Bat ID <input type="checkbox"/> Bat ID & Strain typing	
				<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Bat <input type="checkbox"/> Skunk <input type="checkbox"/> Fox <input type="checkbox"/> Other: _____	<input type="checkbox"/> Strain typing <input type="checkbox"/> Bat ID <input type="checkbox"/> Bat ID & Strain typing	
				<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Bat <input type="checkbox"/> Skunk <input type="checkbox"/> Fox <input type="checkbox"/> Other: _____	<input type="checkbox"/> Strain typing <input type="checkbox"/> Bat ID <input type="checkbox"/> Bat ID & Strain typing	
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				<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Bat <input type="checkbox"/> Skunk <input type="checkbox"/> Fox <input type="checkbox"/> Other: _____	<input type="checkbox"/> Strain typing <input type="checkbox"/> Bat ID <input type="checkbox"/> Bat ID & Strain typing	
				<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Bat <input type="checkbox"/> Skunk <input type="checkbox"/> Fox <input type="checkbox"/> Other: _____	<input type="checkbox"/> Strain typing <input type="checkbox"/> Bat ID <input type="checkbox"/> Bat ID & Strain typing	
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Submitter, please TYPE or STAMP your complete mailing address in the box above.