

PLEASE PRINT LEGIBLY!

Phone #'s: General Microbiology(505)383-9126/27/28 Molecular Biology(505)383-9130/32 Virology/Serology(505)383-9125/24/33 Switchboard(505)383-9000 Fax(505)383-9121

SLD USE >> ONLY DATE << TIME STAMP USER CODE: (CHECK ONE) 70101 (VDS) 51000 (EPIDEMIOLOGY) Other

SUBMITTER INFORMATION ANIMAL DATA

SUBMITTER CODE Check if: VDS (125) All others-Complete information below SUBMITTER CODE: SUBMITTER NAME: ADDRESS: PHONE: ATTENTION: CLINICIAN NAME:(Last) (First) PHONE #:

OTHER ID or VDS#: Animal/Number ID: AGE: day month year Check one box to indicate proper age time frame GENDER: MALE FEMALE COLLECTION LOCATION: SPECIES (Check one and indicate genus and species) Avian Avian-ratite Bat Bovine Canine Caprine Equine Elephant Feline Lapine Mosquitoes Ovine Porcine Primate Reptile Rodent Skunk Other: Genus: Species:

DATE SPECIMEN COLLECTED: / / (DD/MM/YYYY)

SPECIMEN SOURCE ( Check one ) :

Abomasum Abortion material Abscess (site): Aspirate (site): Blood, venous Bone Bone marrow Brain Bronchial wash Cecum Choana Cloaca Crop CSF Cyst (site): Duodenum Ear Eye Feces Hair Head Ileum Intestine, large Intestine, small Joint Fluid Kidney Liver Liver/Spleen Lymph node Lung Milk/Colostrum Muscle Nail Nose Pericardial fluid Peritoneal fluid Pleural fluid Prepuce Rectum Scrotum Serum Skin Spleen Stomach Testis Throat swab/wash Tissue biopsy (site): Tracheal asp. Trunk Wash Urine Urethra Uterus Vagina Wound (site): Other:

GENERAL BACTERIOLOGY

Culture, Routine (non-fecal) Culture, Routine-fecal (Check all that apply) Campylobacter Clostridium perfringens E. coli K88 and K99 E. coli O157:H7 Salmonella Shigella Shiga Toxin test/isolation Yersinia enterocolitica Clostridial FA/ Isolation Culture - Anareobic Culture - Brucella Gram Stain Plague FA Plague FA & Plague/Tularemia culture Susceptibility Testing Vibrio culture Other:

For Rabies ONLY ( Check all that apply ) :

Victim Type: Human Pet Livestock Bite site: Bite Date: (MM/DD/YYYY) Victim Exposed Name: Last First Victim Address: Street City Description of Animal Submitted for testing Additional Comments or Requests

TB / MYCOLOGY

AFB culture Aerobic actinomycetes Coccidioides Fungal culture and ID

VIROLOGY / SEROLOGY

Plague/Tularemia Ab Rabies (Complete 'Rabies' Box) Arbovirus Other:

PCR: Analysis Request (For VDS use only) SLD Form 105, v1.0

NOTICE: The Regulations Governing Animal Control, 7 NMAC 4.2 contain the requirements for submitting animal specimens for testing for the presence of the rabies virus as well as the criteria for impounding animals for observation after they have bitten a person. The decision to impound or destroy an animal should be made in consultation with local animal control officers, appropriate medical and veterinary practitioners and the Department of Health's epidemiology and medical staff.

Veterinary/Rabies Submission Form - Version: 1.0. Index: SLD Form 105. Printed: 29-Mar-2011 08:49