

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) <input type="checkbox"/> 70101 (VDS) <input type="checkbox"/> Other	<input type="checkbox"/> 51000 (EPIDEMIOLOGY)
-----------------------	--------------------------	--	---

SUBMITTER INFORMATION		ANIMAL DATA																			
SUBMITTER CODE: _____ SUBMITTER NAME: _____ ADDRESS: _____ <small>Street/PO Box/Rural Route #</small> _____ <small>City State Zip Code</small> PHONE: (____) _____		OTHER ID or VDS# : _____ Animal/Number ID: _____ AGE : _____ <input type="checkbox"/> day <input type="checkbox"/> month <input type="checkbox"/> year Check one box to indicate proper age time frame GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE																			
ATTENTION: _____ CLINICIAN NAME:(Last) _____ (First) _____ PHONE # : (____) _____ - _____		COLLECTION LOCATION: _____ SPECIES (Check one and indicate genus and species) <table border="1"> <tr> <td><input type="checkbox"/> Avian</td> <td><input type="checkbox"/> Equine</td> <td><input type="checkbox"/> Porcine</td> </tr> <tr> <td><input type="checkbox"/> Avian-ratite</td> <td><input type="checkbox"/> Elephant</td> <td><input type="checkbox"/> Primate</td> </tr> <tr> <td><input type="checkbox"/> Bat</td> <td><input type="checkbox"/> Feline</td> <td><input type="checkbox"/> Reptile</td> </tr> <tr> <td><input type="checkbox"/> Bovine</td> <td><input type="checkbox"/> Lapine</td> <td><input type="checkbox"/> Rodent</td> </tr> <tr> <td><input type="checkbox"/> Canine</td> <td><input type="checkbox"/> Mosquitoes</td> <td><input type="checkbox"/> Skunk</td> </tr> <tr> <td><input type="checkbox"/> Caprine</td> <td><input type="checkbox"/> Ovine</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table> Genus: _____ Species: _____		<input type="checkbox"/> Avian	<input type="checkbox"/> Equine	<input type="checkbox"/> Porcine	<input type="checkbox"/> Avian-ratite	<input type="checkbox"/> Elephant	<input type="checkbox"/> Primate	<input type="checkbox"/> Bat	<input type="checkbox"/> Feline	<input type="checkbox"/> Reptile	<input type="checkbox"/> Bovine	<input type="checkbox"/> Lapine	<input type="checkbox"/> Rodent	<input type="checkbox"/> Canine	<input type="checkbox"/> Mosquitoes	<input type="checkbox"/> Skunk	<input type="checkbox"/> Caprine	<input type="checkbox"/> Ovine	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Avian	<input type="checkbox"/> Equine	<input type="checkbox"/> Porcine																			
<input type="checkbox"/> Avian-ratite	<input type="checkbox"/> Elephant	<input type="checkbox"/> Primate																			
<input type="checkbox"/> Bat	<input type="checkbox"/> Feline	<input type="checkbox"/> Reptile																			
<input type="checkbox"/> Bovine	<input type="checkbox"/> Lapine	<input type="checkbox"/> Rodent																			
<input type="checkbox"/> Canine	<input type="checkbox"/> Mosquitoes	<input type="checkbox"/> Skunk																			
<input type="checkbox"/> Caprine	<input type="checkbox"/> Ovine	<input type="checkbox"/> Other: _____																			

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

SPECIMEN SOURCE (Check one) :

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

GENERAL BACTERIOLOGY	For Rabies ONLY (Check all that apply) :
<input type="checkbox"/> Culture, Routine (non-fecal) <input type="checkbox"/> Culture, Routine-fecal (Check all that apply) <input type="checkbox"/> Campylobacter <input type="checkbox"/> Clostridium perfringens <input type="checkbox"/> E. coli K88 and K99 <input type="checkbox"/> E. coli O157:H7 <input type="checkbox"/> Salmonella <input type="checkbox"/> Shigella <input type="checkbox"/> Shiga Toxin test/isolation <input type="checkbox"/> Yersinia enterocolitica	Victim Type: <input type="checkbox"/> Human <input type="checkbox"/> Pet <input type="checkbox"/> 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
<input type="checkbox"/> Clostridial FA/ Isolation <input type="checkbox"/> Culture - Anareobic <input type="checkbox"/> Culture - Brucella <input type="checkbox"/> Gram Stain <input type="checkbox"/> Plague FA <input type="checkbox"/> Plague FA & Plague/Tularemia culture <input type="checkbox"/> Susceptibility Testing <input type="checkbox"/> Vibrio culture <input type="checkbox"/> Other: _____	

TB / MYCOLOGY	VIROLOGY / SEROLOGY
<input type="checkbox"/> AFB culture <input type="checkbox"/> Aerobic actinomycetes <input type="checkbox"/> Coccidioides <input type="checkbox"/> Fungal culture and ID	<input type="checkbox"/> Plague/Tularemia Ab <input type="checkbox"/> Rabies (Complete 'Rabies' Box) <input type="checkbox"/> Arbovirus <input type="checkbox"/> Other: _____
PCR: Analysis Request _____ (For VDS use only)	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.

SLD Form 105, v1.0

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