



ARKANSAS DEPARTMENT OF HEALTH

Public Health Laboratory
Rabies Electronic Submission Form

Instructions:

- Fill in the **REQUIRED FOUR** pieces of information below and submit this form with the specimen.

1.

Submitter Name:	
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2.

Submitter Address:	
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3.

Species of animal submitted: (Ex: bat, cat, dog, skunk)	
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<https://adhredcap.arkansas.gov/redcap/surveys/?s=WCYLK9E34N>

- Scan this code to complete the required submission form and obtain your Survey ID Number.
- After submitting the survey enter the survey ID here:

4. Survey ID Number:

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Briefly describe the circumstances of the exposures.

How many people were exposed?

1 2 3 More than 3 Unknown

Please list any additional human exposure notes.

1. Exposed Person Contact Information

Name:

Address:

City:

State:

Zip Code:

County:

Phone Number:

Email:

Type of Exposure: Bite (Any penetration of the skin by teeth) Other

If other, what type of non-bite exposure?

- A scratch that broke the skin
- Saliva or neural tissue contacting an open wound or break in the skin.
- Saliva or neural tissue contacting mucus membranes such as the eyes, nose, or mouth.
- Other, please specify:

Has the exposed person received post exposure rabies treatment? Yes No Unknown		
If yes, please list the name of the hospital or clinic where treatment was given and date post exposure treatment began.		

2. Exposed Person Contact Information

Name:		
Address:	City:	State:
Zip Code:	County:	
Phone Number:	Email:	

Type of Exposure:	Bite (Any penetration of the skin by teeth)	Other
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If other, what type of non-bite exposure?

- A scratch that broke the skin
- Saliva or neural tissue contacting an open wound or break in the skin.
- Saliva or neural tissue contacting mucus membranes such as the eyes, nose, or mouth.
- Other, please specify:

Has the exposed person received post exposure rabies treatment? Yes No Unknown		
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If yes, please list the name of the hospital or clinic where treatment was given and date post exposure treatment began.		
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3. Exposed Person Contact Information

Name:		
Address:	City:	State:
Zip Code:	County:	
Phone Number:	Email:	

Type of Exposure:	Bite (Any penetration of the skin by teeth)	Other
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If other, what type of non-bite exposure?

- A scratch that broke the skin
- Saliva or neural tissue contacting an open wound or break in the skin.
- Saliva or neural tissue contacting mucus membranes such as the eyes, nose, or mouth.
- Other, please specify:

Has the exposed person received post exposure rabies treatment?		
Yes No Unknown		
If yes, please list the name of the hospital or clinic where treatment was given and date post exposure treatment began.		
1. Animal Exposure Information		
Were any domestic animals exposed to the tested animal?		
Yes No Unsure		
How many animals were exposed?		
1 2 3 More than 3 Unsure		
Species of animal exposed:		
Cat Cow Dog Ferret Horse Other		
Owner Name:		
Address:	City:	State:
Zip Code:	County:	
2. Animal Exposure Information		
Species of animal exposed:		
Cat Cow Dog Ferret Horse Other		
Is the owner contact information the same as the previous animal?		
Yes No (if no, please fill out owner information below)		
Owner Name:		
Address:	City:	State:
Zip Code:	County:	
3. Animal Exposure Information		
Species of animal exposed:		
Cat Cow Dog Ferret Horse Other		
Is the owner contact information the same as the previous animal?		
Yes No (if no, please fill out owner information below)		
Owner Name:		
Address:	City:	State:
Zip Code:	County:	

For any additional human or animal exposures, use the back of this form to note the details.