



SLD ANIMAL TEST REQUEST FORM

LAB NO.

Scientific Laboratory Division
1101 Camino de Salud NE
Albuquerque, NM 87102

PLEASE PRINT LEGIBLY and provide information for ALL shaded sections!

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

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

ANIMAL DATA OTHER ID or VDS#: Animal/Number ID: AGE: month day year 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: (MM/DD/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: Isolate

General Bacteriology Salmonella, serotype Plague FA Plague FA & Plague/Tularemia Culture Other:

VIROLOGY / SEROLOGY Plague/Tularemia Ab Rabies (Complete 'Rabies' Box) Arbovirus 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 Fungal culture

Molecular Biology (For VDS use only) Bacterial Sequencing Campylobacter PCR Coxiella burnetti PCR Other

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, v2

Phone #: General Microbiology(505)383-9126/27/28; Molecular Biology(505)383-9130/60; Virology/Serology(505)383-9125/24/33; BSB Chief(505)383-9122; Switchboard(505)383-9000 Fax(505)383-9121