

Please send specimen(s) to: New York State Department of Health, Wadsworth Center
David Axelrod Institute, 120 New Scotland Avenue, Albany, NY 12208
Rabies Lab only: 5668 State Farm Rd, Slingerlands, NY 12159

Submitter (test ordered by) ***required information**

Name*:
Address*:
Contact Person*:
Phone*:

Sample Information

Collection Date*: Rabies Lab Only Second Collection Date:
NYSDOH Outbreak Number:
Collection Site:
Street Address:
City: State: ZIP Code: NYS County:

Laboratory Examination Requested

Bacterial Fungal Mycobacterial Parasitic Serology Viral Other
Suspect Organism/Agent:

Animal

Domestic Wild
 Avian Mammal Reptile Other
Common Name or Species:
Submitter Sample Number: Sample Source:
Domestic Animal Owner Name: Animal Name:
Comments:

Food

Brand Name:
Lot Number: USDA Number: Sell By Date:
Sample Description:
Comments:

Environmental

Source Description:
Describe below samples taken; use separate sheets if necessary.

Sample type (sponge, swab, water, soil, etc.)	Identifier (Room number, etc.)	Sample type (sponge, swab, water, soil, etc.)	Identifier (Room number, etc.)

Comments: