Wisconsin State Laboratory of Hygiene
UNIVERSITY OF WISCONSIN-MADISON

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RABIES REQUISITION FORM (10/1/17) FORM 4110

1. Reason for Rabies Testing:

- ❑ Human Exposure (complete sections 2A, 3, 4, 5)
- ❑ Animal Exposure (complete sections 2B, 3, 4, 5)
- ❑ Other (complete sections 3, 4, 5)
  Specify ______________________

2. Exposure Information (complete section 2A for human exposure, 2B for animal exposure)

2A. Person Exposed

Exposure Date ____/____/____ (If more than one person exposed, complete back of form)

Name ______________________

Address ______________________

City/State/Zip ______________________

Date of Birth __________ Age ________ Sex ________

Phone # 1st (_____)__________ 2nd (____)__________

Physician (required**)**

Name ______________________

Clinic Name ______________________

Clinic Address ______________________

City/State/Zip ______________________

Physician Phone # (______) ______________________

Type of Exposure:

❑ Bite ❑ Scratch
❑ Lick ❑ Unknown
❑ Other ______________

Anatomical Site

Post Exposure Treatment:

Vaccine ❑ Yes ❑ No Date initiated______________
HRIG ❑ Yes ❑ No Date initiated______________

2B. Animal Exposed

Exposure Date ____/____/____ (If more than one animal exposed, complete back of form)

Species

Age

Rabies Vaccination Current? ❑ Yes ❑ No ❑ Unkn

Type of Exposure:

❑ Bite ❑ Scratch
❑ Ingestion ❑ Unknown
❑ Lick ❑ Other __________

Anatomical Site

Owner (of exposed animal) ______________________

Address ______________________

City/State/Zip ______________________

3, 4 & 5 Specimen Submission Information

3. Specimen Information

Number of animals submitted for testing: ______________

Species____________ ❑ Domestic-Owned ❑ Domestic-Stray/Feral ❑ Wild ❑ Unknown

Age ________

Date of Death ____/____/____ ❑ Died ❑ Euthanized

Rabies Vaccination Current? ❑ Yes ❑ No ❑ Unkn

Date of last vaccination:___/___/___

Vaccine lot____________ Manufacturer__________

Animal vaccinated prior to last vaccine? ❑ Yes ❑ No

Owner (of submitted animal) ______________________

Address ______________________

City/State/Zip ______________________

Phone # (______)______________________

Animal Signs:

❑ Aggressive ❑ Ataxia ❑ Convulsion
❑ Depression ❑ Disorientation ❑ Frothing
❑ Howling/Bellowing ❑ Nausea ❑ Paralyzed
❑ Shallow Respiration ❑ Other__________________

4. Veterinarian

Name ______________________

Address ______________________

Phone # (______)______________________

City/State/Zip ______________________

5. Local Health Department Jurisdiction

WSLH Use only

WHITE - RETURN TO WSLH
YELLOW - KEEP FOR YOUR RECORDS

Addition Human Exposure Information

2A. 2nd Person Exposed **Exposure Date** ____/____/____

Name ______________________

Address ______________________

City/State/Zip ______________________

Date of Birth __________ Age ________ Sex ________

Phone # 1st (_____)__________ 2nd (____)______________

Physician (required**)**

Name ______________________

Clinic Name ______________________

City/State/Zip ______________________

Physician Phone # (______) ______________________

Type of Exposure:

❑ Bite ❑ Scratch
❑ Lick ❑ Unknown
❑ Other ______________

Anatomical Site

Post Exposure Treatment:

Vaccine ❑ Yes ❑ No Date initiated______________
HRIG ❑ Yes ❑ No Date initiated______________

2A. 3rd Person Exposed **Exposure Date** ____/____/____

Name ______________________

Address ______________________

City/State/Zip ______________________

Date of Birth __________ Age ________ Sex ________

Phone # 1st (_____)__________ 2nd (____)______________

Physician (required**)**

Name ______________________

Clinic Name ______________________

City/State/Zip ______________________

Physician Phone # (______) ______________________

Type of Exposure:

❑ Bite ❑ Scratch
❑ Lick ❑ Unknown
❑ Other ______________

Anatomical Site

Post Exposure Treatment:

Vaccine ❑ Yes ❑ No Date initiated______________
HRIG ❑ Yes ❑ No Date initiated______________

Additional Animal Exposure Information

2B. 2nd Animal Exposed **Exposure Date** ___/___/___

Species Age

Rabies Vaccination Current? ❑ Yes ❑ No ❑ Unkn

Type of Exposure:

❑ Bite ❑ Scratch
❑ Ingestion ❑ Unknown
❑ Lick ❑ Other____________

Anatomical Site

Owner (of exposed animal) ______________________

Address ______________________

City/State/Zip ______________________

2B. 3rd Animal Exposed **Exposure Date** ___/___/___

Species Age

Rabies Vaccination Current? ❑ Yes ❑ No ❑ Unkn

Type of Exposure:

❑ Bite ❑ Scratch
❑ Ingestion ❑ Unknown
❑ Lick ❑ Other____________

Anatomical Site

Owner (of exposed animal) ______________________

Address ______________________

City/State/Zip ______________________