



LABORATORY
SPECIMEN NO.

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LABORATORY DIAGNOSIS FOR RABIES

Date _____ Time _____ Received by VRD Clinical Lab

Animal Owned? Yes No Interviewer's Name _____

Name of Owner _____ Name of Bearer _____

Address _____ Address _____

No. Street No. Street

Barangay City/Municipality Province Barangay City/Municipality Province

Contact Nos. _____ Contact Nos. _____

Type of Specimen head whole body brain tissue

Transport Storage of Specimen unpreserved (>3 hours at room temperature) fresh

with ice frozen 50% buffered glycerol

ANIMAL PROFILE

Residence of Animal for the Last 3 Months stray home (Indicate address below)

No.	Street	Barangay	City/Municipality	Province

Species Dog Cat Rat Hamster Rabbit Monkey Goat Cow Horse

Sex Male Female Unknown Age Unknown Years ____ Months ____

Manner of Death

euthanasia Method _____ Date _____ Time _____

found dead Date _____ Time _____ Hours dead _____

Cause of Death illness hit by a vehicle others _____

Animal Vaccination History

? rabies Yes No Unknown

If Yes, Date of last vaccination _____ Type _____

? dam vaccinated (for puppies up to 6 months old) Yes No Unknown Not applicable

If Yes, Date _____ Type _____

Contact with other animals Yes No Unknown

If Yes, household neighborhood others _____

Condition of animal before biting incident

? confined in household free-roaming and owned stray

? healthy sick from (indicate date) _____ to _____ (____ days) unknown

Changes two weeks prior to or after biting incident Yes No Unknown

If Yes, Date of onset _____

Changes Observed restlessness apprehensive, watchful look

unprovoked aggressiveness aimless running

drooling of saliva paralysis in hind leg jaw and tongue

mad biting of inanimate objects

Other Signs of Illness two weeks prior to or after biting incident

Changes Observed none lack of appetite skin lesions

diarrhea jaundice convulsions, seizures

vomiting nasal/ocular discharges others _____



LABORATORY SPECIMEN NO.				

VICTIM PROFILE

Name _____ **Age** ____ **Sex** ____ **Consulted at RITM?** Yes No
Address _____ **If Yes, RITM Hosp No.** _____
 No. Street Barangay

 City/Municipality Province **Contact Nos.** _____

Preexposure rabies vaccination given? Yes No Unknown

Circumstances of bite
 ? Date of Bite _____ Time of Bite _____
 ? Bite Provoked? Yes No **Remarks** _____
 ? Place of biting incident household public area; specify _____
 ? Geographic Location _____
 City/Municipality Province

Sites of bite head neck trunk **Nature of bite** mild scratch (no bleeding)
 (Check all that apply) upper extremity single/transdermal (with bleeding)
 lower extremity severe/multiple
 others; specify _____

Other victims Yes No **If Yes, fill up a Victim Profile Form for each victim.**

Treatment Received soap and water iodine alcohol traditional methods; specify _____
 (Check all that apply) tetanus toxoid antitetanus serum antibiotic
 Verorab Lyssavac N Rabipur
 HRIG ERIG others _____

ReInterviewer's Name _____ **Date** _____

RESULTS

FAT _____ **MIT** _____
 Date _____ Technologists _____
 Prosector _____

Remarks