



**SAN LUIS OBISPO COUNTY
PUBLIC HEALTH LABORATORY**

Ph: 805-781-5507 FAX: 805-781-1023
www.sloPublicHealth.org/lab
 2191 Johnson Avenue, San Luis Obispo, CA 93401
 ELAP: 2114

THIS SPACE RESERVED FOR PUBLIC HEALTH LAB USE

ANIMAL/BIRD/INSECT TESTING				SUBMITTER			
Sample Control #				Account			
Species				Submitter Name			
Color/Markings				Street Address			
Date Died/Euthanized		Date Collected		City		State	ZIP
DAS #				Name of Contact			
<input type="checkbox"/> Pet	<input type="checkbox"/> Stray	<input type="checkbox"/> Wild	<input type="checkbox"/> Unknown	Phone		FAX	
Was suspect animal immunized for rabies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				BILLING			
Type of Exposure: <input type="checkbox"/> Bite <input type="checkbox"/> Non-Bite <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Describe Below):				<input type="checkbox"/> Send Invoice To			
OWNER				Amount Paid	<input type="checkbox"/> Check #	<input type="checkbox"/> Cash	<input type="checkbox"/> Fee Waived
Name				\$	<input type="checkbox"/> VISA <input type="checkbox"/> MC Exp. Date		
Street Address				Card #			
City		State	ZIP				
Phone #1		Phone #2		TEST REQUEST			
VICTIM (IF BITE OCCURRED)				<input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Other (Specify):			
Name				SPECIMEN TYPE			
Street Address			Sex:	<input type="checkbox"/> Head <input type="checkbox"/> Brain <input type="checkbox"/> Carcass <input type="checkbox"/> Other (Specify):			
City		State	ZIP	Comments:			
Phone #1			DOB				
DESCRIBE CONTACT							
TEST ORDER							
<input type="checkbox"/> 6000 Rabies DFA				<input type="checkbox"/> 4020 Helminth & Arthropod (insect, spider, etc) Identification			
<input type="checkbox"/> 9100 Plague – Yersinia pestis				<input type="checkbox"/> 4015 Tick Identification			
<input type="checkbox"/> 9100 Anthrax – Bacillus anthracis				<input type="checkbox"/> 4035 Borrelia FA			
<input type="checkbox"/> 9100 Tularemia – Francisella tularensis				<input type="checkbox"/> 6150 West Nile Virus PCR			
<input type="checkbox"/> 9100 Brucellosis – Brucella spp				<input type="checkbox"/> Other (Specify):			
CUSTODY							
Relinquished By		Date	Time	Relinquished By		Date	Time
Received By		Date	Time	Received By		Date	Time