

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 CLIA: 05D0695770 THIS SPACE RESERVED FOR PUBLIC HEALTH LAB USE

ANIMAL TESTING				SUBMITTER						
Sample Control #				Account 17822P						
Species				Submitter Name SAN LUIS OBISPO COUNTY ANIMAL SERVICES						
Color/Markings				Street Address 885 OKLAHOMA AVE						
Date Died/Euthanized Date Co		Collected		City SAN LUIS OBISPO				State C A	ZIP 93405	
DAS#				Name of Contact						
□ Pet □ Stray	□ Wild	□ Unknown		Phone FAX 805-781-4403 805-781-			-1065			
Was suspect animal immunized for rabies?										
☐ Yes ☐ No ☐ Unknown						FE CARE SU	DRMISSI	ONS ONL	. Ү	
Type of Exposure				PWC Sam	nple Control	#:				
☐ Bite ☐ Non-Bite ☐ Unkno	own 🗆 C	Other (de	scribe below)	-						
Testing Priority ☐ High (immediate) ☐ Low (batched) ☐ Other (describe below)				Location/Address Where Animal Found						
OWNER (IF APPLICABLE)										
Name				City (City		in al Farm d		7:		
Street Address				- City/Coun	ty Where Ar	nimai Found		Zip		
City	Sta	ite	ZIP							
Phone #1	Phone #2			TEST RE	QUEST					
FIGURE #2				□ Routine □ Urgent □ Other (Specify):						
VICTIM (IF BITE OR EXPOSURE OCCURRED)			SPECIMEN TYPE							
Name				□ Head □ Brain □ Carcass □ Other (Specify):						
Street Address		Sex:		Comments:						
City		te ZIP								
Phone #1	•	DOB								
DESCRIBE CONTACT/EXPOSURE										
			TEST ORDER	(ORDER C	ODE)					
□ Rabies DFA (6000)			□ Other (Specify):							

CUSTODY									
Relinquished By	Date	Time	Relinquished By	Date	Time				
Received By	Date	Time	Received By	Date	Time				
					(0.7 (0.7 (0.0.0.7)				