



**SAN LUIS OBISPO COUNTY  
PUBLIC HEALTH LABORATORY**

Ph: 805-781-5507 FAX: 805-781-1023  
[www.sloPublicHealth.org/lab](http://www.sloPublicHealth.org/lab)  
 2191 Johnson Avenue, San Luis Obispo, CA 93401  
 CLIA : 05D0695770

THIS SPACE RESERVED FOR PUBLIC HEALTH LAB USE

**ANIMAL TESTING**

Sample Control #			
Species			
Color/Markings			
Date Died/Euthanized		Date Collected	
DAS #			
<input type="checkbox"/> Pet	<input type="checkbox"/> Stray	<input type="checkbox"/> Wild	<input type="checkbox"/> Unknown
Was suspect animal immunized for rabies?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<input type="checkbox"/> Unknown			
Type of Exposure:			
<input type="checkbox"/> Bite	<input type="checkbox"/> Non-Bite	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (Describe Below):

**OWNER (IF APPLICABLE)**

Name			
Street Address			
City		State	ZIP
Phone #1		Phone #2	

**VICTIM (IF BITE OR EXPOSURE OCCURRED)**

Name			
Street Address		Sex:	
City		State	ZIP
Phone #1		DOB	

**DESCRIBE CONTACT/EXPOSURE**

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**TEST ORDER (ORDER CODE)**

<input type="checkbox"/> Rabies DFA (6000)	<input type="checkbox"/> Other (Specify):
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**SUBMITTER**

Account <b>17822P</b>		
Submitter Name <b>SAN LUIS OBISPO COUNTY ANIMAL SERVICES</b>		
Street Address <b>885 OKLAHOMA</b>		
City <b>SAN LUIS OBISPO</b>	State <b>CA</b>	ZIP <b>93405</b>
Name of Contact		
Phone <b>805-781-4409</b>	FAX <b>805-781-1065</b>	

**PACIFIC WILDLIFE CARE SUBMISSIONS ONLY**

PWC Sample Control #:	
Location/Address Where Animal Found	
City/County Where Animal Found	Zip

**TEST REQUEST**

<input type="checkbox"/> Routine	<input type="checkbox"/> Urgent	<input type="checkbox"/> Other (Specify):
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**SPECIMEN TYPE**

<input type="checkbox"/> Head	<input type="checkbox"/> Brain	<input type="checkbox"/> Carcass	<input type="checkbox"/> Other (Specify):
Comments:			

**CUSTODY**

Relinquished By	Date	Time	Relinquished By	Date	Time
Received By	Date	Time	Received By	Date	Time