ALAMEDA COUNTY PUBLIC HEALTH LABORATORY 2901 Peralta Oaks Ct., 2nd Floor Oakland, CA 94605

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	Rev. 05.01.25
Laboratory Use Onl	v:
Lab Number	Date & Time

SUBMITTING AGENCY OR VETERINARIAN TO COMPLETE THIS SECTION

Submitting Agency/Veterinary Clinic:	Reason for Testing:
Name	Exposure: [] Yes [] No [] Unknown/Possible
Address	Victim: [] Person [] Animal/Pet
D1 #	Type of Exposure:
Phone #	Bite Location of Wound(s)
AC Officer/Vet Name	
Exposure/IncidentInformation:	[] Other/Explain
DateAddress/location	
Audi ess/ location	Exposed Pet's Vaccination Status:
Circumstances	Exposed Person(s) or Exposed Pet's Owner:
Gir cullistances	Name
Property: [] Private [] Public	Address
Date Reported	
Date & Time Picked Up by AC Agency	Phone #Alt. #
bate a fille french op by he figericy	Alt. Contact PersonPhone #
<u>Information on</u>	Animal being Tested:
[] Cat: O Domestic O Feral	Vaccinated: ○ Yes ○ No ○ Unknown ○ N/A
Dog: ODomestic OStray	Expiration Date
[] Bat [] Skunk [] Other	Owner of Animal/Reporting Party:
MS#/Ref#	Name
Sick O neurologic O other	Address
Describe	
Date Deceased	Phone #
\bigcirc died \bigcirc euthanized \bigcirc killed	Alt. Phone #
VECTOR OR ANIMAL CONTROL	OFFICER TO COMPLETE THIS SECTION
Animal/Head Delivered to Lab by:	Bill to:
[] AC Vector Control Services	[] AC Vector Control Services
[] Berkeley Animal Care Services	[] Berkeley Animal Care Services
[] Piedmont Animal Control	[] Fremont Animal Shelter
[] Other	[] Oakland Animal Services
Officer's Name	[] Other
	Return Report to:
Phone# Date picked up	[x] AC Vector Control Services
Comments	[x] Submitting Agency/ Veterinary Clinic
Comments	[] Other