

**(Note: all fields with \* are required)**

**Rabies Collection Data Sheet  
USDA, APHIS, Wildlife Services  
Rabies Sample Submission**

\*Sample Collection Address (#street, city, zip): \_\_\_\_\_  
\_\_\_\_\_

\*County: \_\_\_\_\_

Sample Collection Site Telephone No.: \_\_\_\_\_

\*Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

(Note: Please fill in either address **OR** Lat./Long. reading)  
If using GPS Please use degree/decimal setting on unit.  
Please call 330-726-3386 if you need assistance setting GPS default units.  
(e.g. Lat N41.12345° Log W081.12345°)

**Sample Information**

\*Date Sample Collected: \_\_\_\_\_ \*Species Collected: \_\_\_\_\_

\*Reason for testing (CHECK ONLY ONE)

(comments section is required if box below is marked)

- Human exposure       Odd behavior/sick/wounded       Found dead  
 Pet/domestic animal exposure     Nuisance/otherwise healthy       Roadkill

**Agency/Person Submitting Sample Information**

\*Agency/Company Name: \_\_\_\_\_

Comments/Symptoms/Circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Note: all fields with \* are required)**

3/23/05