

# Bat Samples for Rabies Screening

Please complete a separate form for each species submitted.

## ■ Name and address of person submitting the specimen

Postcode
Telephone No. (including national dialling code)

## ■ Name and address of FINDER (if different to person submitting the specimen)

Postcode
Telephone No. (including national dialling code)

## ■ Specimen details

Species	Sex	Age

Date and time found  Ref. No.

Date and time of death

Cause of death

Location

Map reference

Circumstances of finding:

## For Laboratory Use Only

Letter No.

Sample No.

Date received:

————— RESULT —————

Symptoms:

General condition:

Give details of any biting or scratching incidents involving humans or animals:

It is not normal to send a result; in the event of a positive result the finder would be contacted immediately.

If there are special reasons for requiring a result to be sent, tick this box

Signature

Date

Please send completed form and specimen(s) to:

- Graham Parsons  
Rabies Diagnostic Unit,  
Veterinary Laboratories Agency  
Woodham Lane, Addlestone, Surrey KT15 3NB  
Telephone No. 01932 357645

Any further enquiries please contact:

- Dr A R Fooks,  
Head of Rabies Research  
and Diagnostic Unit  
Telephone No. 01932 341111

## Internal Use Only

Copies to:

- (1) SVO Page Street
- (2) Dr A R Fooks