

Possible Human Rabies—Patient Information

Please complete as much information as possible and then print form. Please email a copy of the form to Rabies@cdc.gov, Attention - Rabies Duty Officer. A printed copy of this form must also accompany diagnostic specimens and should be sent to:

For questions please call 404-639-1050

Rabies Laboratory
STAT, Bldg 23, Room 11-611
Centers for Disease Control and Prevention
1600 Clifton Rd NE, Atlanta, GA 30329

Physician contact information (MANDATORY — Indicate person to receive official report of results):

Name: _____ Telephone: _____ Fax: _____ Email: _____

Facility Name: _____ City: _____ State: _____

Submit official report of results to: Attn: _____ Fax: _____ Email: _____

Patient information:

ID/Medical Record #: _____ Date of birth: _____

City: _____ State: _____ Occupation: _____

Sex: F M Race: White Black Asian Other Unknown Ethnicity: Hispanic Non-Hispanic

Exposures (during previous 12 months):

Animal exposure: No Yes Unknown

If yes: Date: _____ City: _____ State: _____ Or, if International Country: _____

Species involved in exposure: _____ Type of exposure: _____

Dog Bat Bite Nonbite (Saliva contact with open wound or mucous membrane)

Cat Raccoon Unknown Nonbite (Neural tissue contact with open wound or mucous membrane)

Other species: _____ Other type: _____

Arthropod Contact: No Yes _____ Medications (including OTC and herbal): No Yes _____

Recent Vaccination(s): No Yes _____ Outdoor activity (camping, hiking, etc.): No Yes _____

Other pertinent exposures (i.e. day care, head trauma, sick contacts, TB exposures, etc.): _____

Travel - specify location and dates:

Outside U.S. Country: _____ Date: _____ Within U.S. State: _____ Date: _____

Sample collection dates (all four samples are required to provide an antemortem rule out of rabies):

Serum: _____ Saliva: _____ Nuchal skin biopsy: _____ CSF: _____

Please provide the following information about the current illness where applicable:

Date of illness onset: _____ Date of hosp admission: _____ Patient expired? No Yes Date of death: _____

Admitting diagnosis: _____

Current differential diagnosis: _____

Initial signs and/or symptoms at presentation: _____

Previous hospitalization / ED visit (for current illness)? No Yes Facility: _____ Date: _____

Treatment (specify type and date started):

Rabies immunoglobulin: _____ Date started: _____ Rabies vaccine: _____ Date started: _____

Antiviral agents: _____ Date started: _____ Steroids / IVIG: _____ Date started: _____

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In Intensive Care Unit	No	Yes	Date admitted: _____	Intubated	No	Yes	Date intubated: _____	
Fever ≥ 38.0°C (100.4°F)	No	Yes	Date of first fever: _____	Coma	No	Yes	Date of coma: _____	
Hydrophobia	No	Yes	Hallucinations	No	Yes	Autonomic instability	No	Yes
Aerophobia	No	Yes	Priapism or spont. ejaculation	No	Yes	Muscle spasm	No	Yes
Dysphagia	No	Yes	Paresthesia or localized pain	No	Yes	Confusion or delirium	No	Yes
Abdominal pain	No	Yes	Hypersalivation	No	Yes	Aphasia or dysarthria	No	Yes
Chest pain	No	Yes	Agitation or aggression	No	Yes	Anxiety	No	Yes
Headache	No	Yes	Insomnia	No	Yes	Stiff neck	No	Yes
Malaise or fatigue	No	Yes	Localized weakness	No	Yes	Ataxia	No	Yes
Anorexia	No	Yes	Seizures	No	Yes	Nausea or vomiting	No	Yes
Sore throat	No	Yes	Cough or dyspnea	No	Yes	Photophobia / blurred vision	No	Yes

Brain CT Date: _____ Normal Abnormal Not done If abnormal: Temporal lobe Hydrocephalus Severe cerebral edema White matter demyelination Other: _____	Brain MRI Date: _____ Normal Abnormal Not done If abnormal: Temporal lobe Hydrocephalus Severe cerebral edema White matter demyelination Other: _____	EEG Date: _____ Normal Abnormal Not done If abnormal: Diffuse slowing Temporal epileptiform activity PLEDS Other: _____
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Microbiological studies / results:

HSV CSF PCR	NEG	POS	Not done	Pending	Enterovirus CSF PCR	NEG	POS	Not done	Pending
Varicella CSF PCR	NEG	POS	Not done	Pending	CrAg CSF	NEG	POS	Not done	Pending
CMV CSF PCR	NEG	POS	Not done	Pending	VDRL CSF	NEG	POS	Not done	Pending

Arbovirus Panel: **Not Done** **Pending** **Serum IgM(+/-)** **Serum IgG(+/-)** **CSF IgM(+/-)** **CSF IgG(+/-)**

West Nile virus	_____	_____	_____	_____
St. Louis encephalitis	_____	_____	_____	_____
Eastern Equine enceph	_____	_____	_____	_____
Western Equine enceph	_____	_____	_____	_____
California encephalitis	_____	_____	_____	_____
La Crosse encephalitis	_____	_____	_____	_____

Other microbiological studies / results: _____

CSF results:

Date: _____ Protein: _____ Glucose: _____ RBC: _____

WBC: _____ Diff: _____ / _____ / _____ / _____ / _____
 (segs / lymph / monos / eos / bands)

CBC results:

Date: _____ WBC: _____ HCT: _____ Platelets: _____

Diff: _____ / _____ / _____ / _____ / _____
 (segs / lymph / monos / eos / bands)

Other labs / imaging (list results if abnormal):

Na/K/	Normal	Not done	Abnormal	_____ / _____ / _____	Glucose	Normal	Not done	Abnormal	_____
BUN/Cr	Normal	Not done	Abnormal	_____ / _____	ESR	Normal	Not done	Abnormal	_____
AST/ALT	Normal	Not done	Abnormal	_____ / _____	ANA	Normal	Not done	Abnormal	_____
Alk Phos	Normal	Not done	Abnormal	_____	CXR	Normal	Not done	Abnormal	_____
INR/PTT	Normal	Not done	Abnormal	_____ / _____	Tox screen	Normal	Not done	Abnormal	_____
Other:	_____								