

Specimen Request Form for Rabies Testing

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[Lab use only]

Date Received ___/___/___

PLEASE PRINT

DO NOT ABBREVIATE

1. PROVIDER/SENDER INFORMATION				2. OWNER INFORMATION (or person who found animal)			
Name _____				Name: Last _____		First _____	
Address: No./Street/Apt.# _____				Address: No./Street/Apt.# _____			
City/Town _____		State _____		City/Town _____		State _____	
Zip code _____				Zip code _____			
Phone number: () _____				Phone number: () _____			
3. SPECIMEN INFORMATION							
<input type="checkbox"/> Pet <input type="checkbox"/> Stray <input type="checkbox"/> Wild <input type="checkbox"/> Unknown							
Species _____		Breed _____		Age _____		Death date ___/___/___	
Location where animal was located:				Cause of death:		<input type="checkbox"/> Natural	
Street _____		Symptoms:		<input type="checkbox"/> Lethargy		<input type="checkbox"/> Euthanized	
Town _____		<input type="checkbox"/> Aggression		<input type="checkbox"/> Seizures		Reason for rabies testing:	
		<input type="checkbox"/> Ataxia		<input type="checkbox"/> Unexplained wound		<input type="checkbox"/> Human exposure	
		<input type="checkbox"/> Disorientation		<input type="checkbox"/> Paralysis		<input type="checkbox"/> Pet exposure	
		<input type="checkbox"/> Salivation		<input type="checkbox"/> Other _____		<input type="checkbox"/> Acting sick	
Travel out of state:				Bitten by another animal in past 12 months:		Vaccination history:	
<input type="checkbox"/> Yes				<input type="checkbox"/> Yes (type of animal _____)		<input type="checkbox"/> Rabies vaccinated (___/___/___)	
(Location _____ Date ___/___/___)				<input type="checkbox"/> No		<input type="checkbox"/> Not rabies vaccinated (not current)	
<input type="checkbox"/> No				<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown	
<input type="checkbox"/> Unknown							
4. EXPOSURE INFORMATION							
Person(s) exposed:		Exposure date ___/___/___		Animal(s) exposed:		Exposure date ___/___/___	
Name _____				Name _____			
Physician name _____				Species _____			
Address: No./Street/Apt.# _____				Age _____			
City/Town _____		State _____		City/Town _____		State _____	
Zip Code _____		Physician phone Number: () _____		Address: No./Street/Apt.# (if different from owner) _____		Zip _____	
Phone Number: () _____		Severity _____		City/Town Code _____		State _____	
Type of exposure: (check one)		<input type="checkbox"/> Bite		Type of exposure: (check one)		Body site _____	
		<input type="checkbox"/> Scratch		<input type="checkbox"/> Bite		Severity _____	
		<input type="checkbox"/> Lick		<input type="checkbox"/> Scratch			
		<input type="checkbox"/> Other _____		<input type="checkbox"/> Lick			
		<input type="checkbox"/> Unknown		<input type="checkbox"/> Other _____			
Circumstance of exposure: (check one)		<input type="checkbox"/> Capture		<input type="checkbox"/> Fight			
		<input type="checkbox"/> Unprovoked attack		<input type="checkbox"/> Vicinity			
		<input type="checkbox"/> Provoked attack		<input type="checkbox"/> Dead animal contact			
		<input type="checkbox"/> Handling		<input type="checkbox"/> Other _____			
		<input type="checkbox"/> Specimen preparation					
		<input type="checkbox"/> Other _____					
5. FLUORESCENT RABIES ANTIBODY TEST RESULTS				Reported by: _____		Date: ___/___/___ [Lab use only]	
<input type="checkbox"/> Positive (rabid)		<input type="checkbox"/> Negative (not rabid)		<input type="checkbox"/> Specimen unsatisfactory		Comments: _____	
Results read back by: _____				/Voice message		Notified by: _____	
						Date: ___/___/___ [Lab use only]	

IMPORTANT: All animals must be euthanized prior to submission. The rabies test is provided at no charge as a public service; therefore, only animals that have potentially exposed a human or domestic animal should be submitted. **For most specimens, submit only the entire head.** Bats should be submitted whole, without removing the head. For large animals or those undergoing other diagnostic procedures, submission of the cerebellum and a complete cross-section of the brainstem is permissible. Failure to submit an acceptable specimen will result in an unsatisfactory specimen and no test result. **Specimens must be properly packaged to prevent leakage of contents and transported the same day or shipped overnight ONLY to maintain specimen quality.** The submitter listed on this form is responsible for contacting any individual who needs to be made aware of the rabies test results. For rabies positive animals, anyone listed on the submission form as being exposed will also be contacted by the Division of Epidemiology and Immunization.