

Specimen Request Form for Rabies Testing
MA State Public Health Laboratory
305 South Street
Jamaica Plain, MA 02130-3597
Tel. 617-983-6385

MA SPHL Use Only - DO NOT WRITE HERE

- **All animals must be euthanized prior to submission. 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.** Complete packaging and shipping instructions available at: www.mass.gov/dph/rabies

Fully complete Sections 1-5:

1. PERSON COMPLETING THE FORM AND SENDING IN THE ANIMAL FOR TESTING This person will be contacted with the result. For negative results, this person will be responsible for contacting any individual who needs to be made aware of the negative test result.		2. PERSON WHO FOUND ANIMAL OR ANIMAL OWNER	
Name: _____		Name: _____	
Address: _____		Address: _____	
City/Town: _____	State: _____	City/Town: _____	State: _____
Zip code: _____		Zip code: _____	
Phone number: () _____		Phone number: () _____	
3. INFORMATION ON THE ANIMAL BEING TESTED			
Species _____ / / _____ Death date	Reason for rabies testing: <input type="checkbox"/> Human exposure <input type="checkbox"/> Pet exposure <input type="checkbox"/> Acting sick Vaccination History <input type="checkbox"/> Rabies vaccinated (_ / _ / _) <input type="checkbox"/> Not rabies vaccinated (not current) <input type="checkbox"/> Unknown	Location where animal was found: Street: _____ City/Town: _____	Cause of Death: <input type="checkbox"/> Natural Causes <input type="checkbox"/> Euthanasia (Specify method: _____)
4. INFORMATION ON PERSON EXPOSED BY ANIMAL BEING TESTED If the animal submitted tests positive for rabies, this person will be contacted directly by MDPH.		5. INFORMATION ON ANIMAL EXPOSED BY ANIMAL BEING TESTED If the animal submitted tests positive for rabies, the owner listed will be contacted directly.	
<input type="checkbox"/> Exposure date: _____ / / _____	<input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Other _____	Exposure date: _____ / / _____	Name of Animal or Description: _____ Species: _____
Name _____		Name of Owner: _____	
Address: _____		Address: _____	
City/Town _____	State _____	City/Town _____	State _____
Zip Code _____		Zip Code _____	
Phone Number: () _____		Phone Number: () _____	
<input type="checkbox"/> Multiple human exposures (include on reverse side)		<input type="checkbox"/> Multiple animal exposures (include on reverse side)	
6. - DO NOT WRITE HERE-			
Specimen Accession Number: _____		Date Specimen Received: _____ / _____ / _____	
Date Tested: _____ / _____ / _____	Test Results: <input type="checkbox"/> Positive (rabid) <input type="checkbox"/> Negative (not rabid) <input type="checkbox"/> Unsatisfactory		
Date Result Generated: _____ / _____ / _____	Person Interpreting the Result: _____		
Date Notified: _____ / _____ / _____	Person/Agency Notified: _____		
Notified by: _____	<input type="checkbox"/> Spoke with person	<input type="checkbox"/> Left message	Comments: _____