

ANIMAL RABIES LABORATORY SUBMISSION FORM

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INSTRUCTIONS		FOR LAB USE ONLY					
Use one form for EACH specimen. Complete all information. Label each specimen to correspond with the submission form. Read full instructions on last page.		Laboratory Assigned N	lumber				
		Date Received					
		Time R	eceived				
		Method of Tra	ansport				
SUBMITTER INFORMA	ATION						
Name of Facility		Phone					
Street Address		Fax					
City	State	ZIP code					
ANIMAL INFORMATIC	N						
Animal Species	Date of colle	ction/death/euthanasia					
Other	Did the anim	al show signs of rabies?	Yes	No	Unknown		
DOMESTIC ANIMALS	ONLY						
Was animal vaccinate	ed for rabies? Yes, up to	date Yes, not up	to date	No	Uknown		
If dog, breed?							
OWNER INFORMATION							
Last Name	First Name		Pho	one			
Street Address							
Street Address City	ZIP Code	County					
City	ZIP Code SON (must select one)	County					
City LAB SUBMISSION REA		-	nk, fox, or c	oyote.			
City LAB SUBMISSION REA Bite from high	SON (must select one)	animal, bat, raccoon, sku	nk, fox, or c	oyote.			
City LAB SUBMISSION REA Bite from high Saliva from high	SON (must select one) n-risk animal must = neurologic	e animal, bat, raccoon, sku d or mucus membrane.		oyote.			
City LAB SUBMISSION REA Bite from high Saliva from hig Bat in room w	SON (must select one) n-risk animal must = neurologio gh-risk animal into open woun	e animal, bat, raccoon, sku d or mucus membrane. /pet had physical contact v	vith bat.	oyote.			
City LAB SUBMISSION REA Bite from high Saliva from high Bat in room w Bat in area wit	SON (must select one) n-risk animal must = neurologio gh-risk animal into open woun vith person sleeping or person/	e animal, bat, raccoon, sku d or mucus membrane. /pet had physical contact v n dementia, or impaired in	vith bat. dividual.		g PEP.		
City LAB SUBMISSION REA Bite from high Saliva from high Bat in room w Bat in area with Bat in house o	SON (must select one) n-risk animal must = neurologic gh-risk animal into open woun vith person sleeping or person/ ith pet, small child, person with	e animal, bat, raccoon, sku d or mucus membrane. /pet had physical contact v n dementia, or impaired in is high and there is concer	vith bat. dividual. rn about pe	ople seekir	-		
City LAB SUBMISSION REA Bite from high Saliva from high Bat in room w Bat in area with Bat in house o Neurologic ar	SON (must select one) n-risk animal must = neurologic gh-risk animal into open woun with person sleeping or person/ ith pet, small child, person with or public setting where anxiety	e animal, bat, raccoon, sku d or mucus membrane. /pet had physical contact w n dementia, or impaired in is high and there is conce ects could have rabies, eve	vith bat. dividual. rn about pe	ople seekir	-		
City LAB SUBMISSION REA Bite from high Saliva from high Bat in room w Bat in area wit Bat in house o Neurologic ar Dog, cat, or fe	SON (must select one) n-risk animal must = neurologic gh-risk animal into open woun with person sleeping or person/ ith pet, small child, person with or public setting where anxiety nimal that a veterinarian suspe	e animal, bat, raccoon, sku d or mucus membrane. /pet had physical contact w n dementia, or impaired in is high and there is conce ects could have rabies, eve	vith bat. dividual. rn about pe	ople seekir	-		
City LAB SUBMISSION REA Bite from high Saliva from high Bat in room w Bat in area wit Bat in house o Neurologic ar Dog, cat, or fe Skunk for surv	SON (must select one) n-risk animal must = neurologic gh-risk animal into open woun with person sleeping or person/ ith pet, small child, person with or public setting where anxiety nimal that a veterinarian suspe erret dying during the 10-day co	animal, bat, raccoon, sku d or mucus membrane. pet had physical contact w dementia, or impaired in is high and there is conce ects could have rabies, eve onfinement after a bite.	vith bat. dividual. rn about pe n with no e	ople seekir	-		
City LAB SUBMISSION REA Bite from high Saliva from high Bat in room w Bat in area wit Bat in house o Neurologic ar Dog, cat, or fe Skunk for surv If selecting one of the s	SON (must select one) n-risk animal must = neurologic igh-risk animal into open wound with person sleeping or person/ ith pet, small child, person with or public setting where anxiety nimal that a veterinarian suspec- erret dying during the 10-day con- veillance purposes. <u>three options below, provide p</u> erret that cannot survive the 10	a animal, bat, raccoon, sku d or mucus membrane. pet had physical contact w dementia, or impaired in is high and there is concer acts could have rabies, eve onfinement after a bite.	vith bat. dividual. rn about pe n with no e o <u>n.</u>	ople seekir xposure to	a pet or person.		
City LAB SUBMISSION REA Bite from high Saliva from high Bat in room w Bat in area wit Bat in house o Neurologic ar Dog, cat, or fe Skunk for surv If selecting one of the f Dog, cat, or fe health depart	SON (must select one) n-risk animal must = neurologic igh-risk animal into open wound with person sleeping or person/ ith pet, small child, person with or public setting where anxiety nimal that a veterinarian suspec- erret dying during the 10-day con- veillance purposes. <u>three options below, provide p</u> erret that cannot survive the 10	a animal, bat, raccoon, sku d or mucus membrane. Pet had physical contact v d dementia, or impaired in is high and there is concer ects could have rabies, eve onfinement after a bite.	vith bat. dividual. rn about pe n with no e <u>on.</u> nane reasor	ople seekir xposure to	a pet or person.		
City LAB SUBMISSION REA Bite from high Saliva from high Bat in room w Bat in area wit Bat in house o Neurologic ar Dog, cat, or fe Skunk for surv If selecting one of the to Dog, cat, or fe health departs	SON (must select one) n-risk animal must = neurologic igh-risk animal into open wound with person sleeping or person/ ith pet, small child, person with or public setting where anxiety nimal that a veterinarian suspec- erret dying during the 10-day con- veillance purposes. <u>three options below, provide p</u> er erret that cannot survive the 10 sment.	a animal, bat, raccoon, sku d or mucus membrane. Ypet had physical contact w d dementia, or impaired in is high and there is concer ects could have rabies, eve onfinement after a bite. Doint of contact informatic D-day confinement for hun om local health departmen	vith bat. dividual. rn about pe n with no e <u>on.</u> nane reasor	ople seekir xposure to	a pet or person.		
City LAB SUBMISSION REA Bite from high Saliva from high Bat in room w Bat in area wit Bat in house o Neurologic ar Dog, cat, or fe Skunk for surv If selecting one of the to Dog, cat, or fe health departs	SON (must select one) n-risk animal must = neurologic igh-risk animal into open wound with person sleeping or person/ ith pet, small child, person with or public setting where anxiety nimal that a veterinarian suspec- erret dying during the 10-day con- veillance purposes. <u>three options below, provide p</u> er erret that cannot survive the 10 erret. ite from pet, after approval from red by local or state health dep	a animal, bat, raccoon, sku d or mucus membrane. Ypet had physical contact w d dementia, or impaired in is high and there is concer ects could have rabies, eve onfinement after a bite. Doint of contact informatic D-day confinement for hun om local health departmen	vith bat. dividual. rn about pe n with no e <u>on.</u> nane reasor	ople seekin xposure to ns after app	a pet or person.		

LAB SUBMISSION CONTINUED

IDPH will NOT test:

- •Healthy dogs, cats, ferrets, small rodents, or rabbits that have bitten someone in a provoked manner.
- •Bats found outside with no known exposure to people or pets.
- •Domestic animals euthanized before the end of the 10-day confinement quarantine, without a humane issue.
- •Large animals (goats, sheep, llama, horse, cattle).

EXPOSURE INFORMAT	ION							
Date of Exposure		Domestic animal	Human					
Last Name	First Name							
Street Address								
City	ZIP Code	County						
Phone number of person exposed or owner of the exposed pet								
Site of Exposure								
Date of Exposure		Domestic animal	Human					
Last Name	First Name							
Street Address								
City	ZIP Code	County						
Phone number of person exposed or owner of the exposed pet								
Site of Exposure								
Date of Exposure		Domestic animal	Human					
Last Name	First Name							
Street Address								
City	ZIP Code	County						
Phone number of person exposed or owner of the exposed pet								
Site of Exposure								

Decription of exposure (e.g., bite, scratch, saliva, etc.)

GUIDELINES FOR SUBMISSION OF RABIES SPECIMENS

What animals can be submitted for rabies testing at the IDPH Laboratory?

- 1. Select the appropriate choice under lab submission reason.
- 2. NOTE: All healthy dogs, cats, and ferrets that bite in a provoked manner and are euthanized before the 10-day observation period; rabbits, rodents, bovine, deer, elk, horse, ovine, and other large animals; should be submitted to the University of Illinois Veterinary Laboratory. Any mammal can be submitted. A fee is charged for testing.

University of Illinois Veterinary Diagnostic Lab 2001 S. Lincoln Ave. P.O. Box U, Room 1137 Urbana, IL 61802 217-333-1620

How to prepare specimen

- 1. Head/brain removal for rabies suspect animals should only be done by individuals who are immunized against rabies, trained in the proper precautions, and wear personal protective equipment to avoid exposure.
- 2. Clean and disinfect all instruments used for head removal after each use.

Submission to the IDPH laboratory

- **NO** live animals will be accepted.
- If the animal weighs less than 2 pounds (e.g., bat), the whole carcass can be submitted.
- For all other animals, only submit the head.
- **ONLY** rabies testing is done on animal brains.
- No fee for testing at the IDPH laboratories.
- The lab cannot return any part of an animal body once it has been submitted to the laboratory.

Packaging and transportation

- 1. IDPH has no pickup and delivery service and assumes no responsibility for any specimen until it is received and identified.
- 2. Place the specimen in a primary container, such as a sealed plastic bag. Bats and other small animals must be placed inside a clear resealable bag or equivalent. Place the primary container in a watertight secondary container with sufficient absorbent material to assure complete absorption if leakage should occur. If plastic bags are used, TRIPLE bag each specimen. Place the test requisition on the outside of the secondary container. Package forms so they remain clean.
- 3. Place the secondary container inside a rigid outer container with sufficient cold packs to maintain refrigeration temperatures. The minimum volume of cold packs surrounding the specimen is double the size of the specimen (never use ice cubes).
- 4. Ample insulation surrounding the specimen and cold packs are essential (e.g., polystyrene packing material or newspaper).
- 5. Do not freeze specimens unless the specimen is held over a long weekend or if the animal is decomposed. Cold, not frozen, is the general rule. Do not package rabies specimens with dry ice since dry ice may freeze the specimens. Test results could be delayed if the specimen is frozen.
- 6. Pack rabies specimens separately from other types of specimens (even if they are going to the same lab).
- 7. Messenger/courier by ground transport. Place the secondary container and test requisition in the shipping container. The shipping container must be rigid, such as a cooler, and labeled with the UN3373 biological substance category marking. Close securely. Polystyrene coolers must be placed in a cardboard box.
- 8. Commercial carrier by ground/air transport. Place the secondary container and test requisition in the shipping container. Label the outer shipping container with the appropriate address. Complete the return address section to include the name of the person shipping the package, business name, address, and a business phone number. The shipping container must include the UN3373 biological substance category B marking.
- 9. Do not ship specimens to arrive on a holiday or weekend. Only ship on Thursdays if guaranteed overnight delivery.
- 10.If an urgent specimen needs to be tested after hours or over the weekend, call the Illinois Emergency Management Agency number (800-782-7860) to make arrangements.

IDPH Laboratory 2121 W. Taylor St. Chicago, IL 60612 312-793-4760 IDPH Laboratory 825 N. Rutledge St. Springfield, IL 62702 217-782-6562 IDPH Laboratory 1155 S. Oakland Ave. Carbondale, IL 62901 618-457-5131