[1] Federal Tax No.: _____

Send Report To (Facility Name/Address):

_____

_____

_____ Zip Code _____

DO NOT WRITE IN THIS SPACE
LABORATORY NUMBER

N.C. Department of Health and Human Services
State Laboratory of Public Health
4312 District Drive
Raleigh, North Carolina 27607

PLEASE GIVE ALL INFORMATION REQUESTED

# Rabies Examination

[2] *Contact Name:* _____

Telephone # from 8 AM until 4 PM (_____) _____

Telephone # after 4 PM and on weekends (_____) _____

Fax # (_____) _____

[3] **Where was the animal found:**

County: _____ GPS Location: _____

Address: _____

City: _____ State: _____ Zip: _____

[4] Species of Animal: _____

Breed/Color: _____ Specimen ID#: _____

If Domestic Animal: ❑ Owned ❑ Stray ❑ Feral

Ever vaccinated? ❑ Yes (include all dates) _____
❑ No

[5] Date of Death: _____ Date Shipped: _____

[6] **Signs of Disease:**

❑ **Animal exhibited signs of rabies:** ❑ neurological ❑ convulsions ❑ unable to eat or drink ❑ excessive salivation

❑ unusually vicious ❑ Other _____ **Date of Onset:** _____

❑ Wild animal showing abnormal behavior

❑ Bat found in home or occupied dwelling Bats previously in building? ❑ No ❑ Yes (dates) _____

❑ Animal was not known to have exhibited signs of disease

❑ Other _____

[7] **Persons Exposed to This Animal & Nature of Exposure / Owner of Domestic Animals Exposed to This Animal**

| *Name* | *Date of Exposure* | *Type of Exposure* |
|---|---|---|
| | | ❑ bite ❑ scratch ❑ handling ❑ in dwelling with bat ❑ other _____ |
| | | ❑ bite ❑ scratch ❑ handling ❑ in dwelling with bat ❑ other _____ |
| | | ❑ bite ❑ scratch ❑ handling ❑ in dwelling with bat ❑ other _____ |

- **All positive, indeterminate, unsatisfactory, or test not performed results will be reported by telephone to the contact person listed above**. This individual will be responsible for arranging treatment of this/these patient(s) if this should be necessary. You MUST include telephone numbers with area code where this individual can be reached during working hours, after working hours and on weekends.
- **All negative results will be sent via courier or U.S. mail to submitter.** All rabies results are also available on our website at http://slph.dph.ncdhhs.gov/

**FOR LABORATORY USE ONLY**

**FLUORESCENT ANTIBODY TEST RESULTS**

Condition Upon Receipt
❑ cold ❑ ambient ❑ frozen

❑ Negative ❑ Positive ❑ Unsatisfactory ❑ Decomposed ❑ Brain Destroyed ❑ Test Not Performed ❑ Indeterminate

Results telephoned: _____ _____ _____ _____
date time reported to reported by



SEE REVERSE SIDE FOR INSTRUCTIONS AND FURTHER INFORMATION

# INSTRUCTIONS

**PURPOSE:** Submission of specimens for rabies testing

**SPECIMENS FOR TESTING: Domestic animals exhibiting signs of rabies and wild animals that have potentially exposed a person, household pet or livestock to rabies should be submitted.** Prior approval of submission, risk management questions, and ordering rabies vaccine for people should be directed to the Public Health Veterinarian, Communicable Disease Branch, at (919) 733-3419 (phone number available 24/7/365).

**PREPARATION:** Brain tissue is examined in the diagnosis of rabies; therefore, only the animal's head should be submitted for diagnostic purposes. Small animals no larger than a squirrel may be submitted whole. For bats, the **entire** dead animal **must** be submitted. **Animals should be euthanized in a manner that will not destroy the brain.** For additional information, see "SCOPE, A Guide to Services" on our website at http://slph.dph.ncdhhs.gov or contact the Virology/Serology Unit at (919) 733-7544.

**PREPARATION OF FORM:** Please print legibly. To avoid delays in testing, fill out all items in Sections 1 through 7 of the submission form. Seal the form in a separate plastic bag and enclose with the specimen. **COMPLETE ONE FORM PER SPECIMEN THAT IS SUBMITTED.**

**PACKAGING OF SPECIMENS:** A full tutorial on the packaging and shipping of specimens for rabies testing "Guide to Rabies — Packaging and Shipping" is available at www.quia.com/pages/cmiller20/rabiespackandship. It is critical that specimens be kept cold during shipment; if shipment will be delayed, refrigerate specimen prior to shipment.

**SHIPMENT:** Send properly packaged specimen and completed submission form to the Laboratory as soon as possible. Shipment via State Courier Service is usually the most rapid mode of transport. Shipments via FedEx or UPS will be accepted by State Capitol Police at the Laboratory (24/7/365). Address all shipping containers using the special label (white with red lettering) available through the NCSLPH online supply ordering system on our website at http://slph.dph.ncdhhs.gov/. This label instructs the transporting service to call the Laboratory upon arrival and will assure proper handling of the specimen.

**PERSONAL DELIVERY OF SPECIMENS:** Government agencies and veterinarians may deliver specimens to the Laboratory at 4312 District Drive, Raleigh, NC 27607 at any time (24/7/365). The individual delivering the specimen should come to the loading dock area and ring the buzzer at the left side of the loading dock, where State Capitol Police will receive the package. Please DO NOT leave samples unattended on the dock.

**NOTE:** Direct submission of specimens from private citizens is discouraged under normal circumstances. Please contact your local animal control agency or veterinarian to ensure specimens for rabies testing are properly prepared and packaged for shipping to the laboratory.

**DISPOSITION:** This form may be destroyed in accordance with Standard 5, Patient Clinical Records, of the Records Disposition Schedule published by the N.C. Division of Archives and History.