

[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 • P.O. Box 28047
 Raleigh, North Carolina 27611-8047

PLEASE GIVE ALL
 INFORMATION REQUESTED

[2] Contact Name: _____
 Telephone # from 8 AM until 4 PM (_____) _____
 Telephone # after 4 PM and on weekends (_____) _____
 Fax # (_____) _____

Rabies Examination

[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
		<input type="checkbox"/> bite <input type="checkbox"/> scratch <input type="checkbox"/> handling <input type="checkbox"/> in dwelling with bat <input type="checkbox"/> other _____
		<input type="checkbox"/> bite <input type="checkbox"/> scratch <input type="checkbox"/> handling <input type="checkbox"/> in dwelling with bat <input type="checkbox"/> other _____
		<input type="checkbox"/> bite <input type="checkbox"/> scratch <input type="checkbox"/> handling <input type="checkbox"/> in dwelling with bat <input type="checkbox"/> 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.ncpublichealth.com>.

FOR LABORATORY USE ONLY

FLUORESCENT ANTIBODY TEST RESULTS	Condition Upon Receipt
<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Decomposed	<input type="checkbox"/> cold <input type="checkbox"/> ambient <input type="checkbox"/> frozen
Results telephoned: _____ date _____ time _____	<input type="checkbox"/> Brain Destroyed <input type="checkbox"/> Test Not Performed <input type="checkbox"/> Indeterminate reported to _____ reported by _____

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.ncpublichealth.com> 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.ncpublichealth.com>. 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.