



REQUEST FOR RABIES EXAMINATION

STATE OF CONNECTICUT
Dr. Katherine A. Kelley State Public Health Laboratory
395 West Street, Rocky Hill, CT 06067
(860) 920-6500

Horizon Profile #:

Laboratory Work
Order Label
RABIES

Laboratory Sample ID

PLEASE PRINT CLEARLY
COMPLETE ONE FORM FOR EACH SPECIMEN

Submit only animals involved in rabies exposure of humans or domestic animals (bite, mucus membrane or open wound contamination by saliva). **Animals not involved in human or domestic animal exposures are not to be submitted to the DPH Laboratory.** Persons in appropriate professions, as listed below under "Submitter Profession" and in "Submitter" section D1 on back of form, should submit specimens. See reverse side for frequently asked questions. In case of after-hours emergencies, call 860-920-6500.

Note: The person or agency submitting this request will be notified of the results of this examination and is responsible for notifying animal owner, exposed person, and other involved parties of the results of this examination.

Name and Address of Submitter: (Healthcare provider, Veterinarian or Authorized Official to receive results. See back of form, section D1)
Client: _____
Street Address: _____
Town/State/Zip: _____
Attention: _____

Submitter's Phone Number: (Results will be phoned to the submitter's number ONLY. Phone number must include area code and be available 24/7. **A phone number MUST be submitted.**)

Submitter's Profession: ACO, ECON Officer Local HD
 Health Care Provider NWCO Police Officer
 Veterinarian Other _____

TO BE COMPLETED BY SUBMITTER **REMINDER: ONLY SUBMIT HEADS OF DOMESTIC ANIMALS**

Animal species, breed, description of animal being tested: _____
Date Collected: _____

If domestic animal, is vaccination status current? Yes No
Age: _____ Date of last vaccination: _____

Name and address of owner or if not owned where animal was found.
Name: _____
Street Address: _____
Town/State/Zip: _____

Did animal die or was it killed? Died Killed
Who killed animal?
 ACO, ENCON Officer NWCO Police Officer
 Resident Veterinarian Other _____

EXPOSURE INFORMATION

HUMAN EXPOSURE
Was there a human exposure? Yes No
Date: _____
Name: _____
Street Address: _____
Town/State/Zip: _____
Type of exposure: (must be one of the following for animal testing).
 Bite Saliva contact of mucus membrane or open wound
 Bat (see back of form, sections A2 & B3)
Describe incident of human exposure: _____

DOMESTIC ANIMAL EXPOSURE
Was there a domestic animal exposure? Yes No
Name and address of domestic animal owner:
Name: _____
Street Address: _____
Town/State/Zip: _____
Type of domestic animal exposed: _____
Type of domestic animal exposure:
 Direct contact or bite Exposure by proximity (high probability of contact).
Describe incident of domestic animal exposure: _____

TO BE COMPLETED BY LABORATORY STAFF

Necropsy Date:		Initials:	Condition on arrival:		Explain:	
			<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			
PHONED TO:	NAME	DATE & TIME	BY	PHONED TO:	NAME	DATE & TIME

FINAL REPORT POSITIVE NEGATIVE UNSATISFACTORY

INSTRUCTIONS FOR SUBMITTING SPECIMENS FOR RABIES TESTING

Animals are tested to guide medical management of humans or domestic animals who have interactions with suspect rabid animals. The DPH and local health departments are available to assist persons exposed and responders who may evaluate potential exposures to determine the need for animal testing.

A. Types of animals accepted for rabies examination:

1. Raccoons, skunks, wild carnivores (e.g., fox, coyote, bobcat) and groundhogs that have bitten a person or domestic animal.
2. Bats that have direct contact or are found in a room with a person who cannot communicate seeing it or knowing they may have been bitten (e.g., sleeping person, baby or young child, person with dementia, or someone inebriated).
3. Wild animals must be killed without damaging the head and submitted immediately for examination.

B. Submit for testing **ONLY** after consultation with the DPH or local health department:

1. Animals that have not bitten a person or domestic animal.
2. Small rodents (e.g., mice, rats, squirrels, chipmunks, moles) and rabbits that have bitten a person or domestic animal. These animals are rarely found to be rabid and rabies in these animals has not been detected in Connecticut.
3. Bats found in a home but not in a room with a person.

C. Submit for testing **ONLY** if instructed to by an Animal Control Officer:

1. Cats, dogs, and other domestic animals that have bitten a person or domestic animal.
 - These animals should usually be observed in quarantine for 14 days.
 - Contact the Department of Agriculture, Animal Control Division for questions concerning quarantine of domestic animals, (860) 713-2506

NEVER submit live animals. Domestic animals submitted whole must weigh less than 10 lbs. Submit only the head of domestic animals weighing more than 10 pounds. Arrangements for testing of livestock should be made with UCONN.

D. SUBMITTER

1. The authorized person who will be notified of the results and will provide consultation regarding the need for testing the animal (ACO, Environmental Conservation Police (ENCON) Officer, healthcare provider, local HD, NWCO, police officer, veterinarian, other _____).
2. Local health department will be notified of results from animals submitted by unauthorized submitters.

PROPER SPECIMEN PACKAGING

Double-bag the specimen in leak-proof plastic bags. Place double-bag with specimen on ice in a leak proof container. Deliver specimen(s) to the laboratory as soon as possible.

IMPORTANT: Only **ONE** specimen per double-bag. Secure paperwork to the outside of the double-bag. Secure second set (copy) of paperwork on the outside of the leak proof container.

LABORATORY HOURS

The Virology Laboratory is staffed Monday - Friday from 7:30 a.m. - 4:00 p.m. Please bring specimens to the Katherine A. Kelley State Public Health Laboratory located at 395 West Street in Rocky Hill. Due to enhanced security, identification will be needed to proceed to the building. Once through the first gate, follow signs to Sample Receiving and Deliveries. At the second gate, press the buzzer and security will allow entrance. Proceed to the first turn-off on the right and park. Walk to the loading dock and press the buzzer for admittance to the building. Specimens should be brought to the Receiving Room down the corridor on the right side, where staff will take custody of the specimen. After hours, security will escort you to a walk-in cooler where the specimen and paperwork can be left. In case of after-hours emergencies, call 860-920-6500.

REQUISITION FORM

A completed request form **must** accompany each individual specimen submitted for testing. Please print clearly. The **submitter's phone number must** be included for notification of results. Place the completed request form in an envelope and secure it to the outside of each individual double-bagged specimen being submitted for testing.

ADDITIONAL INFORMATION

- For questions concerning human exposure and prophylaxis, as well as to discuss the possibility of submitting animals uncommon to rabies infection, contact the Connecticut Department of Public Health, Epidemiology and Emerging Infections Program at (860) 509-7994 or your local health department.
- For questions concerning livestock and domestic animal exposures (e.g., biting, quarantine, vaccination), contact the Department of Agriculture, Animal Control Division or the State Veterinarian at (860) 713-2506.
- For questions regarding submission of livestock for testing (e.g., cost, requirements) contact the UCONN Veterinary Medical Diagnostic Laboratory at (860) 486-3738.
- For questions concerning wildlife (unusual behavior, rabies, exposures to, etc.) contact the Department of Energy & Environmental Protection, Wildlife Division at (860) 424-3011. For emergencies call (860) 424-3333.
- For additional information or for reporting incidents of animals biting people or domestic animals, please contact your local Animal Control Officer.