

OFFICE USE ONLY:

FedEx UPS US Mail Walk-In
Date Received by Lab: _____

Payment Information:

Paid - Amount \$ _____
 Credit Card Check #: _____

Rabies Testing Request Form

Person/Agency Requesting Testing:

<p>Owner Name/location submitted animal found:</p> <p>Name: _____</p> <p>Mailing Address: _____</p> <p>City/State/Zip: _____</p> <p>Telephone: _____</p> <p style="text-align: center;">If result by telephone is requested, number must be answered 24/7</p> <p>Fax: _____</p> <p>Email: _____</p>	<p>Official/Clinician Name: _____</p> <p>Organization/Job Title: _____</p> <p>Mailing Address: _____</p> <p>City/State/Zip: _____</p> <p>Telephone: _____</p> <p style="text-align: center;">This telephone number must be answered 24/7</p> <p>Fax: _____</p> <p>Email: _____</p>
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Submitted Animal:

Submitted Animal ID/Name: _____ Animal was? Found dead Euthanized Killed

Species: _____ Breed: _____ Date of death: _____ Date collected: _____

Sex, if known: _____ Age, if known: _____ Rabies Vaccinated? Yes, date _____ No Unknown

Nature of Submission: Head Only Dead animal (fresh) Dead animal (frozen)-freezing not recommended unless submission will be delayed

Exposure:

Human exposure? Yes No **If yes, have you contacted CT Department of Public Health?** Yes No

Type of exposure:

Was any person bitten by the submitted animal? If yes, Date of bite: _____

Did any person have saliva contact of mucous membrane or open wound/sore?

If the submitted animal is a bat, is there possibility of human exposure? Example, was the bat found in a bedroom, in a room where a person was sleeping, or with a person who is unable to communicate if they were bitten? Yes No

Name & age of exposed person: _____ Address: _____

Telephone: _____

Description of exposure incident: _____

Domestic Animal exposure? Yes No Name of Owner: _____

Exposed Animal Rabies Vaccination Status? Address: Check, if same as above

Current - Last Vac. Date: _____ Not Current

Type of exposure:

Bite Saliva Contact with Live Animal Description of Incident: _____

Contact with Dead Animal

Disposition of Remains: Communal Cremation (included in cost of rabies testing fee if under 40lbs) Private Cremation, Animal must test negative (additional cost determined by crematorium)

Authorization for testing—See reverse side for submission guidelines and further authorization requirements for testing

Authorization for Testing – (to be signed by the financially responsible party):

I understand and accept responsibility for all charges incurred as a result of testing services performed on my behalf or the party I represent. I understand that the test will be performed regardless of brain condition and I might receive inconclusive results.

Print name

Signature

Date

Rush Service: Next business day results, if specimen received before 2pm.

Note: In order to prevent a delay in testing and reporting of results, rush samples will be tested regardless of condition

Reporting

Positive Results will be reported in the following manner:

Faxed report to Department of Public Health Epidemiology

Faxed report to the Department of Agriculture Officer of the Day

Faxed report to the State Veterinarian

Phone local animal control officer **if** the name/phone number has been provided on the submission form

Email to DEEP Wildlife Division (Wildlife submissions only)

Report to Owner/Property owner of location animal was found by the method selected below:

Negative Results Reporting Choices:

Animal Owner/Property Owner of location animal was found:

Email Phone (must be 24/7 number) Mail Fax

Agency Requesting Testing:

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 Email Phone (must be 24/7 number) Mail Fax

SPECIMEN PREPARATION:

- Do not damage animal's skull or shoot in the head. The skull must remain intact and be refrigerated *immediately*.
- Specimen must be fresh. Specimens should be delivered as soon as possible after the animal's death. The test cannot be performed if the specimen is decomposed.
- Freezing is not recommended, unless submission will be delayed. Frozen brain tissue softens when thawed and this can preclude or prevent reliable testing.
- Do not send specimen in formalin. The standard FA test cannot be performed on formalin-fixed tissues.

PACKAGING:

- Specimen should be double bagged in heavy duty plastic bags.
- EACH bag should be securely sealed to prevent leaks.
- If specimen has any sharp protruding parts (shattered bone or porcupine quills), wrap it in several layers of newspaper or other material to prevent puncture of the bag.
- Place properly bagged specimen in an insulated container and surround the specimen with frozen packs or wet ice contained in plastic bags.
- Close securely with tape and attach a Rabies Testing Request Form.
- TRANSPORT CONTAINERS/COOLERS CANNOT BE RETURNED.

ADDITIONAL INFORMATION:

For questions concerning human exposure, prophylaxis, and submission of animal involved in an possible exposure incident, 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 animals exposed to rabies (e.g., rabies control protocols, biting, quarantine, vaccination requirements), contact the Department of Agriculture, Animal Control Division or the State Veterinarian at (860) 713-2505 or 860-713-2506.

For questions regarding testing of animals that do not satisfy criteria for testing at the DPH Laboratory, (e.g., exposed domestic animals) contact the Connecticut 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 Office.