UCONN | COLLEGE OF AGRICULTURE, HEALTH AND NATURAL RESOURCES

PATHOBIOLOGY AND VETERINARY SCIENCE • CONNECTICUT VETERINARY MEDICAL DIAGNOSTIC LABORATORY

61 North Eagleville Road, Unit 3089, Storrs, CT 06269 Website: cvmdl.uconn.edu
Telephone: 860-486-3738 Facsimile: 860-486-3936 Email: CVMDL.office@uconn.edu

(Office Use Only)
Accession No.

OFFICE USE ONLY: ☐ Vet/ACO ☐ Owner ☐ Other
☐ FedEx ☐ UPS ☐ US Mail ☐ Walk-In
Date/Received by Lab:

Payment Information:
☐ Paid - Amount $_____ ☐ Credit Card
☐ Check #: _____

ALL TESTING INCURS A CHARGE FOR SERVICE
FOR BUSINESS HOURS AND PRICING PLEASE VISIT CVMDL WEBSITE

Rabies Testing Request Form

Person/Agency Requesting Testing:

Owner Name/location submitted animal found:
Name: _____
Mailing Address: _____
City/State/Zip: _____
Telephone: _____
Email: _____
Party providing payment: ☐

Official/Clinician Name: _____
Organization/Job Title: _____
Mailing Address: _____
City/State/Zip: _____
Telephone: _____
Email: _____
Party providing payment: ☐

Submitted Animal:

** Please note — rabies testing requires intact brain tissue for conclusive results. See Specimen Preparation, Page 2

Animal ID/Name (if applicable):_____ Animal was: ☐ Found dead ☐ Euthanized ☐ Killed

Species:_____ Breed:_____ Date of death / Date found dead: _____

Sex, if known:_____ Age, if known:_____ Rabies Vaccinated? ☐ Yes (date) _____ ☐ No ☐ Unknown
(☐ administered / ☐ expires)

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, you MUST GAIN PERMISSION from the Department of Public Health (860-509-7994) BEFORE submitting a specimen to the CVMDL. Otherwise, human exposure testing is performed at the DPH Rocky Hill Lab**
Permission granted by (DPH Employee): _____

Type of exposure:

[ ] Check if any person bitten by the submitted animal. Date of bite: _____

[ ] Check if any person had saliva contact of mucous membrane or open wound/sore. Date of exposure: _____

[ ] **- BAT SUBMISSIONS are considered "human exposure" IF** a bat was found in a room where a person was sleeping, or with a person who is unable to communicate if they were bitten (children, geriatric or disabled)**.** Date of exposure: _____

Name & age of exposed person:_____ Address: _____

Telephone: _____ _____

Description of exposure incident **(REQUIRED)**: _____

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: Species and number of animals exposed: _____

☐ Bite ☐ Saliva Contact with Live Animal Description of Incident **(REQUIRED)**: _____

☐ Contact with Dead Animal _____

Disposition of Remains: ☐ Communal Cremation (included in cost of testing fee if under 40lbs) ☐ Private Cremation - Crematorium name _____ (additional cost determined by crematorium)

Additional Test Requests: ☐ None ☐ Toxicology (☐ send immediately) ☐ Histopathology

☐ Other: _____

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

Authorization 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 _____

Results will be reported via the selected reporting method below within 2-4 business days after a specimen has been submitted. For any human or animal health related concerns, please review the additional information and professional contacts below.

Reporting

Positive Results Reporting:

Rabies is a reportable disease and any positive results will be sent to all appropriate state agencies in addition to the submitter. For a complete list of the positive rabies reporting parties, visit www.cvmdl.uconn.edu

Negative Results Reporting Choices:

Animal Owner/Property Owner of location animal was found:

☐ Email **Check Junk Folder**

Official/Clinician:

☐ Email **Check Junk Folder**

Specimen Submission Guidelines & Rabies Additional Information Contacts

SPECIMEN PREPARATION:

A. **RABIES TESTING REQUIRES INTACT BRAIN FOR CONCLUSIVE RESULTS.** Do not damage animal's skull or shoot in the head. Animals head should remain intact and be placed at a refrigerated temperature *immediately.*
B. Specimen should be as fresh as possible and submitted to the lab as soon as possible after the animal's death. The test cannot be per- formed if the specimen is too decomposed.
C. Freezing is not recommended, unless submission to the CVMDL will be delayed longer than **48 hours**. Frozen brain tissue softens when thawed, and this can preclude or prevent reliable testing.
D. Do not send specimen in formalin. The standard Rabies FA test cannot be performed on formalin-fixed tissues.

PACKAGING:

A. Specimen should be double bagged in heavy duty plastic bags and EACH bag should be securely sealed to prevent leaks.
B. If specimen has any sharp protruding parts (ex. shattered bone or porcupine quills), wrap it in several layers of newspaper or other mate- rial to prevent puncture of the bag.
C. Place properly bagged specimen in an insulated container and surround the specimen with leak-proof ice packs.
D. Close securely with tape and attach a Rabies Testing Request Form in either an envelope or Ziploc bag.
E. 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 - domestic animals exposure **ONLY** - 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 & Environ- mental 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 consult your Primary Care Physician and contact your local Animal Control Office.

Specimens and samples submitted to the CVMDL for investigation* become the property of the CVMDL. Samples and specimens may be tested as part of State/ Federal surveillance programs. Test results may be shared with relevant Local, State, or Federal agencies as required by law. Anonymized samples, specimens, and test results may be, used in the teaching of students, in professional publications, or in the development of new assays.
*Excludes tissues or clinical samples submitted by PIs as part of their research.