



# 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** (bite, mucus membrane or open wound contamination by saliva). **Animals not involved in human exposures are NOT to be submitted to the DPH Laboratory.** They may be sent to UCONN Veterinary Medical Diagnostic Laboratory at (860) 486-3738. Authorized officials, as listed below under "Submitter's Profession" and in section D1 on the back of form, should submit specimens. See reverse side for frequently asked questions.

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

<b>Name and Address of Submitter:</b> (Healthcare provider, Veterinarian or Authorized Official to receive results. See back of form, section D1)		<b>Submitter's Phone Number:</b> _____	
Client: _____		<b>(A 10 digit phone number that is available 24/7 MUST be submitted. Results will be phoned to this number ONLY.)</b>  <b>Submitter's Profession:</b> <input type="checkbox"/> ACO, ECON Officer <input type="checkbox"/> Local HD <input type="checkbox"/> Health Care Provider <input type="checkbox"/> NWCO (not bats) <input type="checkbox"/> Police Officer <input type="checkbox"/> Veterinarian <input type="checkbox"/> Other _____	
Street Address: _____			
Town/State/Zip: _____			
Attention: _____			

**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 <u>vaccination status current</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and address of owner or if not owned where animal was found.	Age: _____	Date of last vaccination: _____
Name: _____	Did animal die or was it killed? <input type="checkbox"/> Died <input type="checkbox"/> Killed	
Street Address: _____	Who killed animal?	
Town/State/Zip: _____	<input type="checkbox"/> ACO, ENCON Officer <input type="checkbox"/> NWCO <input type="checkbox"/> Police Officer <input type="checkbox"/> Resident <input type="checkbox"/> Veterinarian <input type="checkbox"/> Other _____	
Phone: _____		

**HUMAN EXPOSURE INFORMATION**

Date of exposure: \_\_\_\_\_

Type of exposure: (**MUST** be one of the following for DPH animal testing):     Bite     Saliva contact of mucus membrane or open wound

Bat - If bat exposure, was:     Bat found in bed room     Bat found in room where person slept     Bat in direct contact with person

(NOTE: NWCOs are not authorized to submit bats. See back of form for more details on bat exposures; sections A2 & B3)

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Street Town State/Zip

Phone Number: \_\_\_\_\_ Age of person exposed: \_\_\_\_\_

Describe incident of human exposure:

**DOMESTIC ANIMAL EXPOSURE**

Was there a domestic animal exposure?     Yes     No    If yes, and there was **NO** human exposure, do not submit animal to the DPH lab. The animal can be submitted to the UCONN Veterinary Medical Diagnostic Laboratory. For additional information call (860) 486-3738.

**TO BE COMPLETED BY LABORATORY STAFF**

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

**FINAL REPORT**                       POSITIVE                       NEGATIVE                       UNSATISFACTORY

## INSTRUCTIONS FOR SUBMITTING SPECIMENS FOR RABIES TESTING

Animals tested guide medical management of persons who have exposure (bite, saliva contact of mucus membrane or open wound, bat) to suspect rabid animals. The DPH and local health departments will assist persons exposed and responders who evaluate exposures to determine the need for animal testing. For additional information about rabies testing at the DPH Public Health Laboratory, please visit: [http://www.ct.gov/dph/lib/dph/infectious\\_diseases/ctepinews/vol36\\_no3.pdf](http://www.ct.gov/dph/lib/dph/infectious_diseases/ctepinews/vol36_no3.pdf)

### 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.
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 under the influence of alcohol or drugs).
3. Unvaccinated cats and dogs that have bitten a person.

NOTE: The heads of animals that have bitten a person must not be damaged and should be submitted immediately.

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

1. Animals that have not bitten a person.
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 do so by an Animal Control Officer:

1. Cats, dogs, and other domestic animals that are current on their rabies vaccination and have bitten a person.
  - 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. Only submit heads of domestic animals. Arrangements for testing of livestock should be made with UCONN Veterinary Medical Diagnostic Laboratory at (860) 486-3738.

### 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). NOTE: NWCOs are not authorized persons to submit bats.
2. Local health department will be notified of results from animals submitted by unauthorized submitters (e.g., the public).

### REQUISITION FORM

A clearly printed, completed requisition form OL-97A **MUST** accompany each individual specimen submitted. The **submitter's phone number MUST** be included for notification of results. Make a copy of the completed OL-97A, and place each copy in an envelope to be used in specimen packaging. Keep a copy for your records if needed.

### PROPER SPECIMEN PACKAGING

**Double-bag ONE** specimen in leak-proof plastic bags and secure one copy of the OL-97A to the outside of the package. Place the double-bagged specimen on ice in a leak proof container, and secure the second copy of the OL-97A to the outside of the container. Deliver each specimen with completed OL-97A forms to the DPH laboratory as soon as possible.

### 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. Security required identification to proceed to the building. After entering 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. Staff will take custody of the specimen in the Receiving Room down the corridor on the right side. After hours, security will escort you to a walk-in cooler where the specimen with attached paperwork can be left. Routine testing is not conducted on weekends and holidays.

### ADDITIONAL INFORMATION

- For questions concerning human exposure, prophylaxis, and submission of 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 animals that do not satisfy criteria for testing at the DPH Laboratory, (e.g., animals that expose vaccinated domestic animals) 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.