



REQUEST FOR RABIES EXAMINATION

STATE OF CONNECTICUT
Dr. Katherine A. Kelley State Public Health Laboratory
395 West Street, Rocky Hill, CT 06067
Direct # (860) 920-6662 Main # (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.

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: _____ (A 10 digit phone number that is available 24/7 MUST be submitted. Results will be phoned to this number ONLY .) Submitter's Profession: <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 _____
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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 Age: _____ Date of last vaccination: _____	
Name and address of owner or if not owned where animal was found. Name: _____ Street Address: _____ Town/State/Zip: _____ Phone: _____		Did animal die or was it killed? <input type="checkbox"/> Died <input type="checkbox"/> Killed Who killed animal? <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 _____	

HUMAN EXPOSURE INFORMATION	
Date of exposure: _____ Type of exposure: (MUST be one of the following for DPH animal testing): <input type="checkbox"/> Bite <input type="checkbox"/> Saliva contact of mucus membrane or open wound Bat - If bat exposure, was: <input type="checkbox"/> Bat found in bed room <input type="checkbox"/> Bat found in room where person slept <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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					
Necropsy Date:	Initials:	Condition on arrival: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		Explain:	
PHONED TO:	NAME	DATE & TIME	BY	PHONED TO:	NAME

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

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. Specimens must be appropriately packaged to prevent leakage and exposure to anyone handling the specimen. Deliver each specimen with completed OL-97A forms to the DPH laboratory as soon as possible. To avoid delays in testing, mailing specimens is discouraged.

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 requires identification to proceed to the building. After entering the first gate, follow signs to Sample Receiving and Deliveries. 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 Sample Submission 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.