



Laboratory Number _____
 Date Received _____
 Time Received _____
 Method of Transport _____
For laboratory use only

RABIES SUBMISSION FORM

1. Use one form for each specimen tested.
2. Complete all the information requested.
3. Label each specimen to correspond with the submission form.
4. Please read the submitting instructions given on the reverse side.

Animal Information

Animal species _____ Breed _____
 Description: Color _____ Size _____
 Died Was killed Date of collection _____ Did the animal exhibit signs of rabies? YES NO
 Did the domestic animal have a current rabies vaccination? YES NO N/A
 Owner of suspect animal _____ Phone _____
 Address _____ County _____
 () of () total specimens submitted

NO EXPOSURE

	Name, Address and Phone Number	County Where Exposure Occurred	Type of Exposure	Date of Exposure ____/____/____	Site of Human Exposure
Human <input type="checkbox"/> Animal <input type="checkbox"/>			Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Other <input type="checkbox"/>		
Human <input type="checkbox"/> Animal <input type="checkbox"/>			Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Other <input type="checkbox"/>		
Human <input type="checkbox"/> Animal <input type="checkbox"/>			Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Other <input type="checkbox"/>		
Human <input type="checkbox"/> Animal <input type="checkbox"/>			Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Other <input type="checkbox"/>		

Submitting Agency Information

Submitted by _____
 Address _____ Phone _____
 Send Report to _____
 Address _____ Phone _____

Brief Description of Exposure/Comments (Please include where the animal was found) _____

Is a fax report requested? YES <input type="checkbox"/> NO <input type="checkbox"/> Please give fax number here: _____	Is a telephone report of negative test results requested? (for emergency cases only please) YES <input type="checkbox"/> NO <input type="checkbox"/> Please give telephone number here: After hours telephone #: _____
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FLUORESCENT RABIES TEST RESULTS
 (for laboratory use only)

Positive Negative Unsatisfactory _____ Date _____

The submitting agency will be notified of a specimen exhibiting positive evidence of rabies by phone as soon as test results are available.

GUIDELINES FOR SUBMISSION OF RABIES SPECIMENS

Specimen Collection and Removal of Head and Brain

1. Submit only the head of ALL SKUNKS and other suspect animals.
2. Submit only the entire brain from large animals (e.g., cow, horse).
3. It is acceptable to submit the whole carcass from animals weighing less than 2 pounds (e.g., bat).
4. **Live animals will not be accepted under any circumstances.**
5. Isolate and retain the carcasses of rabies suspects until testing is completed and the report is obtained.
6. Head/brain removal should be performed by individuals who are immunized against rabies and trained in the proper precautions to avoid exposure, such as use of personal protection equipment.
7. Clean and disinfect all instruments used for head removal after each use.
8. *For advice on testing of animals, please contact your local health department (if not available, please call 217-782-2016).*
 - Healthy domestic animals that have not exposed a person or owned animal will not be tested.
 - Animals showing signs and symptoms of rabies should be tested, even if an exposure did not occur.
 - Submission of biting or non-biting rodents (squirrels, mice, rats, hamsters, gerbils, etc.) or rabbits is discouraged unless unusual circumstances surround the bite.
 - Animals that have bitten either a person or owned animal can be tested. Healthy dogs, cats or ferrets that bite a person or owned animal after being provoked can be confined for 10 days rather than be tested.
 - Any bat that may have exposed a person or owned animal should be tested even if a bite is not known to have occurred (e.g., found in a room with an infant or sleeping, intoxicated or otherwise incapacitated person).
 - Scratches alone have not been documented to transmit rabies; if wound(s) could have been made by scratches and/or bites, and the animal is otherwise considered a candidate for testing, or if the scratches were made by a bat, submit the animal for testing.
9. *Rabies Submission Form:* Provide all information requested on the form, if available. Be certain that a complete history accompanies each specimen submitted (see reverse side). Indicate on the submission form if more than one animal is submitted. Mark individual specimens with the same identification (e.g., #3 of 5 total animals submitted).

Packaging and Transportation

1. Place the specimen in a primary container such as a sealed plastic bag. Bats and other small animals must be placed inside a clear zip-lock bag or equivalent. Place the primary container in a watertight secondary container with sufficient absorbent material to assure complete absorption if leakage should occur. If plastic bags are used, please TRIPLE bag each specimen. Place the test requisition on the outside of the secondary container. Package forms so that they remain clean.
2. Place the secondary container inside a rigid outer container with sufficient cold packs to maintain refrigeration temperatures. The minimum volume of cold packs surrounding the specimen is double the size of the specimen (never use ice cubes).
3. Ample insulation surrounding the specimen and cold packs is essential (e.g., styrofoam packing material or newspaper).
4. **Do not freeze specimens** unless the specimen is held over a long weekend (weekend + holiday) or if the animal is decomposed. Cold, not frozen is the general rule. Do not package rabies specimens with dry ice since dry ice may freeze the specimens.
5. Pack rabies specimens separately from other types of laboratory specimens (even if they are going to the same lab).
6. **Messenger/Courier by ground transport** Place the secondary container and test requisition in the shipping container. The shipping container must be rigid such as a cooler and labeled with the **UN 3373 Biological Substance Category B** marking. Close securely. **Styrofoam coolers must be placed in a cardboard box.**
7. **Commercial carrier by ground/air transport** Place the secondary container and test requisition in the shipping container. Label the outer shipping container with the appropriate Illinois Department of Public Health laboratory address. Complete the return address section to include the name of the **person shipping the package, business name and address and a business phone number. The shipping container must include the UN3373 Biological Substance Category B marking.**
8. Do not ship specimens on Fridays or the day before a state holiday unless prior approval is obtained through the IDPH Communicable Disease control section. Do not ship on Thursdays unless sent by guaranteed, overnight delivery. Specimens held by a commercial carrier over a weekend are frequently received in various stages of decomposition that may preclude the possibility of reliable test results. In case of emergency, please notify the appropriate laboratory during working hours, 8:30 a.m. to 4 p.m, Monday through Friday. For an after-hours emergency, notify IEMA at 800-782-7860. Ask to speak with the Illinois Department of Public Health Duty Officer.
9. Send specimens by the most expeditious means available, preferably by direct messenger. However, if a commercial carrier is used, the shipper is responsible for conforming to any special packaging requirements of the carrier.
10. **The IDPH has no pickup and delivery service and assumes no responsibility for any specimen until it is received and identified.**

You as the shipper, not the transport company, are responsible for the shipment until the package reaches its destination.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH LABORATORIES

Carbondale Laboratory
1155 S. Oakland St.
Carbondale, IL 62902-2797
618-457-5131

Chicago Laboratory
2121 W. Taylor St.
Chicago, IL 60612
312-793-4746

Springfield Laboratory
825 N. Rutledge St.
Springfield, IL 62794-9435
217-782-6562

*Animal testing other than for rabies is **not** performed by the Illinois Department of Public Health laboratories.*

ILLINOIS DEPARTMENT OF AGRICULTURE LABORATORIES

Animal Disease Laboratory
9732 Shattuc Road
Centralia, IL 62801
618-532-6701

Animal Disease Laboratory
2100 S. Lake Storey Road
Galesburg, IL 61401
309-344-2451

(A fee will be charged for rabies examinations performed by the Department of Agriculture; fee is doubled for emergency procedure)