

# Rabies Test Requisition - Upper Peninsula Laboratory

Animal Testing Only

## Michigan Department of Community Health - Bureau of Laboratories

ATDC Building 1402 East Sharon Avenue PO Box 38 Houghton Michigan 49931-0038

Phone: 906-487-3011 Fax: 906-487-3682 HTTP://www.Michigan.gov/mdchlab

Date Received at MDCH					MDCH Sample #																		
<b>AGENCY - SUBMITTER INFORMATION</b>					<b>ENTER EPIC CODE IF KNOWN &gt;&gt;&gt;&gt;&gt;</b>																		
Return Results to:					Phone (24/7)																		
					Fax																		
CONTACT PERSON/ATTENDING PHYSICIAN/PROVIDER:																							
SUBMITTER'S SPECIMEN NUMBER - IF APPLICABLE																							
<b>NAME (Last, First) OF EXPOSED PERSON OR TYPE OF EXPOSED ANIMAL (i.e., Dog of Smith, John, Cat of . . . , Horse of . . . , etc.)</b>																							
<b>IF MULTIPLE HUMAN EXPOSURES - LIST FULL NAMES</b>										1)													
2)										3)													
<b>OTHER INFORMATION RELEVANT TO RABIES TESTING:</b>																							
SUBMITTER'S PATIENT NUMBER - IF APPLICABLE																							
EXPOSED PERSON'S CITY of RESIDENCE										GENDER			<input type="checkbox"/> Female <input type="checkbox"/> Male										
DATE OF BIRTH		M	M	D		D		Y	Y	Y	Y												
Date of Collection		M	M	D		D		Y	Y	Y	Y	Date of Exposure		M	M	D		D		Y	Y	Y	Y
<b>COMPLETE SECTION BELOW WITH: <input type="checkbox"/> ANIMAL OWNER'S INFORMATION OR <input type="checkbox"/> STRAY/WILDLIFE INFORMATION</b>																							
NAME																							
STREET ADDRESS																							
CITY/STATE/ZIP																							
<b>ANIMAL OWNER'S PHONE NUMBER</b>										<b>TYPE OF ANIMAL</b>													
										<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bat <input type="checkbox"/> Other (Specify) _____													
ANIMAL'S RABIES VACCINATION STATUS					<input type="checkbox"/> None/Unknown			Vaccinated →		DATE VACCINE EXPIRES			M	M	D		D		Y	Y	Y	Y	
<b>EXPOSED PERSON'S PHONE NUMBER</b>										<b>SITE ON BODY OF EXPOSURE</b>													
<b>COUNTY WHERE EXPOSURE OCCURRED</b>																							

# Directions for the Collection and Submission of Animal Heads for Rabies Examination

## Michigan Department of Community Health

www.michigan.gov/mdchlab

Any specimen received after 9:30 A.M. Monday through Friday will be tested on the next business day.

MDCH on-call supervisor at 906-487-3011 **must** preauthorize requests for rabies diagnosis on weekends or holidays.

**IMPORTANT: If the specimen container is received leaking, not properly labeled, test requisition not completed or specimen label does not match test requisition, the specimen will not be tested.**

**When you receive this Unit - place the refrigerant provided in a freezer until ready to ship specimens.**

1. Do not ship whole animals. Samples submitted to the laboratory may be a complete carcass (bats only), an intact head, or dissected brain tissue. Dissected brain tissue must include a complete cross section of the brain stem and cerebellum.
2. Animals should not be euthanized any way that causes damage to the head. The use of strychnine or other chemical poison should be avoided. A fresh, unfixed brain sample is critical to a rapid and accurate diagnosis of rabies.
3. If a specimen, such as a horse or cow head, is too large for the one gallon plastic bucket provided, two alternatives may be considered; 1) a veterinarian may remove the brain (do not use any preservative on the brain tissue) or 2) a larger container and bag may be used (3.5 gallon plastic bucket and larger bags are available from MDCH by special request).
4. Remove the head/brain of animal and place in the plastic bag provided. Securely seal the plastic bag so that it will not leak. If using the larger bucket & bag, seal by twisting the bag and tying a knot to prevent leakage. **Note: Specimens must be kept refrigerated until ready to ship. Do not freeze!** Freezing will not compromise the test, but will delay results.
5. Place plastic bag containing the specimen (primary container) into the plastic bucket (secondary container).
6. Place absorbent material provided (small white squares of material), and the refrigerant provided into the plastic bucket.
7. The lids on the plastic buckets are designed to "lock" in place with moderate pressure. Check the lid to see that it is properly sealed and secure with tape before proceeding.
8. **Complete** the test requisition. Enclose test requisition in the plastic bag provided. Secure this bag to the **outside** of the bucket with tape or rubber bands. Place the bucket in the corrugated carton provided and pad the bucket with additional crushed newspaper or other suitable material to keep the container from shifting during shipment – if necessary.
9. **Complete** and apply the return address, Biological Substance label to the corrugated shipping carton. **Do not use any other label to designate this material other than those provided.** Ship specimen to the laboratory by the fastest means, i.e., U.S. Express mail, private courier, FedEx, United Parcel Service etc. Specimen transit time to the laboratory should be as short as possible, preferably within 48 hours.

**THE SHIPPER IS RESPONSIBLE FOR BEING SURE THAT THEIR PACKAGE IS IN COMPLIANCE WITH THE CURRENT SHIPPING REGULATIONS.**