

# DCH-1053, RABIES TEST REQUISITION – ANIMAL TESTING ONLY

Michigan Department of Health and Human Services (MDHHS)

Bureau of Laboratories

(Revised 11-22)

PO Box 30035 3350 North Martin Luther King Jr. Blvd. Lansing, MI 48909

Laboratory Records: 517-335-8059 Fax: 517-335-9871 Technical Information: 517-335-8067

www.michigan.gov/mdhhs/mba

Date Received at MDHHS	MDHHS Sample Number
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INSTRUCTIONS	REASON FOR RABIES TESTING
<ul style="list-style-type: none"> <li>Fill in all the information</li> <li>Collection/Submission instructions are on the back</li> </ul>	<input type="checkbox"/> Human Exposure <input type="checkbox"/> Animal Exposure

SUBMITTER INFORMATION – REQUIRED (i.e. Health Department, Vet or Veterinary Clinic/Hospital)																															
Env. Health <input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Agency Code (if known)</td> <td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td> </tr> <tr> <td>Phone (24/7)</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>Fax</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>	Agency Code (if known)										Phone (24/7)										Fax									
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Contact Person/Attending Physician/Provider

Date of Collection (MMDDYYYY)		Submitter's Specimen Number (if applicable)	
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### SUBMITTED ANIMAL INFORMATION - REQUIRED

Type of animal submitted for testing  Dog  Cat  Bat Other (Specify) \_\_\_\_\_

Complete section below with  Animal owner's information or  Stray/wildlife Information (leave this section blank)

Owner Name (Last, First)

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Street Address

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City/State/Zip

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Phone Number

	Date of Vaccine Expiration (MMDDYYYY)
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Animal's Rabies Vaccination Status  None/Unknown  Vaccinated

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### HUMAN EXPOSURE INFORMATION – COMPLETE IF A HUMAN WAS EXPOSED

Type of exposure  Bite  Scratch  Bat in Room  None  Unknown

Name (Last, first) of exposed person

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Street Address

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City/State/Zip

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Phone Number

	Date of Birth
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Gender  Female  Male

	County of Exposure	Date of Exposure
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If multiple human exposures, list information for all exposed individuals

Name	Date of Birth (MMDDYYYY)	City and County of Residence

# **DIRECTIONS FOR THE COLLECTION AND SUBMISSION OF ANIMAL HEADS FOR RABIES EXAMINATION**

Michigan Department of Health and Human Services

[www.michigan.gov/mdhhs/0,4570,7-323\\_14277\\_14278\\_14279\\_14280\\_14281\\_14282\\_14283\\_14284\\_14285\\_14286\\_14287\\_14288\\_14289\\_14290\\_14291\\_14292\\_14293\\_14294\\_14295\\_14296\\_14297\\_14298\\_14299\\_14300\\_14301\\_14302\\_14303\\_14304\\_14305\\_14306\\_14307\\_14308\\_14309\\_14310\\_14311\\_14312\\_14313\\_14314\\_14315\\_14316\\_14317\\_14318\\_14319\\_14320\\_14321\\_14322\\_14323\\_14324\\_14325\\_14326\\_14327\\_14328\\_14329\\_14330\\_14331\\_14332\\_14333\\_14334\\_14335\\_14336\\_14337\\_14338\\_14339\\_14340\\_14341\\_14342\\_14343\\_14344\\_14345\\_14346\\_14347\\_14348\\_14349\\_14350\\_14351\\_14352\\_14353\\_14354\\_14355\\_14356\\_14357\\_14358\\_14359\\_14360\\_14361\\_14362\\_14363\\_14364\\_14365\\_14366\\_14367\\_14368\\_14369\\_14370\\_14371\\_14372\\_14373\\_14374\\_14375\\_14376\\_14377\\_14378\\_14379\\_14380\\_14381\\_14382\\_14383\\_14384\\_14385\\_14386\\_14387\\_14388\\_14389\\_14390\\_14391\\_14392\\_14393\\_14394\\_14395\\_14396\\_14397\\_14398\\_14399\\_14400\\_14401\\_14402\\_14403\\_14404\\_14405\\_14406\\_14407\\_14408\\_14409\\_14410\\_14411\\_14412\\_14413\\_14414\\_14415\\_14416\\_14417\\_14418\\_14419\\_14420\\_14421\\_14422\\_14423\\_14424\\_14425\\_14426\\_14427\\_14428\\_14429\\_14430\\_14431\\_14432\\_14433\\_14434\\_14435\\_14436\\_14437\\_14438\\_14439\\_14440\\_14441\\_14442\\_14443\\_14444\\_14445\\_14446\\_14447\\_14448\\_14449\\_14450\\_14451\\_14452\\_14453\\_14454\\_14455\\_14456\\_14457\\_14458\\_14459\\_14460\\_14461\\_14462\\_14463\\_14464\\_14465\\_14466\\_14467\\_14468\\_14469\\_14470\\_14471\\_14472\\_14473\\_14474\\_14475\\_14476\\_14477\\_14478\\_14479\\_14480\\_14481\\_14482\\_14483\\_14484\\_14485\\_14486\\_14487\\_14488\\_14489\\_14490\\_14491\\_14492\\_14493\\_14494\\_14495\\_14496\\_14497\\_14498\\_14499\\_14500\\_14501\\_14502\\_14503\\_14504\\_14505\\_14506\\_14507\\_14508\\_14509\\_14510\\_14511\\_14512\\_14513\\_14514\\_14515\\_14516\\_14517\\_14518\\_14519\\_14520\\_14521\\_14522\\_14523\\_14524\\_14525\\_14526\\_14527\\_14528\\_14529\\_14530\\_14531\\_14532\\_14533\\_14534\\_14535\\_14536\\_14537\\_14538\\_14539\\_14540\\_14541\\_14542\\_14543\\_14544\\_14545\\_14546\\_14547\\_14548\\_14549\\_14550\\_14551\\_14552\\_14553\\_14554\\_14555\\_14556\\_14557\\_14558\\_14559\\_14560\\_14561\\_14562\\_14563\\_14564\\_14565\\_14566\\_14567\\_14568\\_14569\\_14570\\_14571\\_14572\\_14573\\_14574\\_14575\\_14576\\_14577\\_14578\\_14579\\_14580\\_14581\\_14582\\_14583\\_14584\\_14585\\_14586\\_14587\\_14588\\_14589\\_14590\\_14591\\_14592\\_14593\\_14594\\_14595\\_14596\\_14597\\_14598\\_14599\\_14600\\_14601\\_14602\\_14603\\_14604\\_14605\\_14606\\_14607\\_14608\\_14609\\_14610\\_14611\\_14612\\_14613\\_14614\\_14615\\_14616\\_14617\\_14618\\_14619\\_14620\\_14621\\_14622\\_14623\\_14624\\_14625\\_14626\\_14627\\_14628\\_14629\\_14630\\_14631\\_14632\\_14633\\_14634\\_14635\\_14636\\_14637\\_14638\\_14639\\_14640\\_14641\\_14642\\_14643\\_14644\\_14645\\_14646\\_14647\\_14648\\_14649\\_14650\\_14651\\_14652\\_14653\\_14654\\_14655\\_14656\\_14657\\_14658\\_14659\\_14660\\_14661\\_14662\\_14663\\_14664\\_14665\\_14666\\_14667\\_14668\\_14669\\_14670\\_14671\\_14672\\_14673\\_14674\\_14675\\_14676\\_14677\\_14678\\_14679\\_14680\\_14681\\_14682\\_14683\\_14684\\_14685\\_14686\\_14687\\_14688\\_14689\\_14690\\_14691\\_14692\\_14693\\_14694\\_14695\\_14696\\_14697\\_14698\\_14699\\_14700\\_14701\\_14702\\_14703\\_14704\\_14705\\_14706\\_14707\\_14708\\_14709\\_14710\\_14711\\_14712\\_14713\\_14714\\_14715\\_14716\\_14717\\_14718\\_14719\\_14720\\_14721\\_14722\\_14723\\_14724\\_14725\\_14726\\_14727\\_14728\\_14729\\_14730\\_14731\\_14732\\_14733\\_14734\\_14735\\_14736\\_14737\\_14738\\_14739\\_14740\\_14741\\_14742\\_14743\\_14744\\_14745\\_14746\\_14747\\_14748\\_14749\\_14750\\_14751\\_14752\\_14753\\_14754\\_14755\\_14756\\_14757\\_14758\\_14759\\_14760\\_14761\\_14762\\_14763\\_14764\\_14765\\_14766\\_14767\\_14768\\_14769\\_14770\\_14771\\_14772\\_14773\\_14774\\_14775\\_14776\\_14777\\_14778\\_14779\\_14780\\_14781\\_14782\\_14783\\_14784\\_14785\\_14786\\_14787\\_14788\\_14789\\_14790\\_14791\\_14792\\_14793\\_14794\\_14795\\_14796\\_14797\\_14798\\_14799\\_14800\\_14801\\_14802\\_14803\\_14804\\_14805\\_14806\\_14807\\_14808\\_14809\\_14810\\_14811\\_14812\\_14813\\_14814\\_14815\\_14816\\_14817\\_14818\\_14819\\_14820\\_14821\\_14822\\_14823\\_14824\\_14825\\_14826\\_14827\\_14828\\_14829\\_14830\\_14831\\_14832\\_14833\\_14834\\_14835\\_14836\\_14837\\_14838\\_14839\\_14840\\_14841\\_14842\\_14843\\_14844\\_14845\\_14846\\_14847\\_14848\\_14849\\_14850\\_14851\\_14852\\_14853\\_14854\\_14855\\_14856\\_14857\\_14858\\_14859\\_14860\\_14861\\_14862\\_14863\\_14864\\_14865\\_14866\\_14867\\_14868\\_14869\\_14870\\_14871\\_14872\\_14873\\_14874\\_14875\\_14876\\_14877\\_14878\\_14879\\_14880\\_14881\\_14882\\_14883\\_14884\\_14885\\_14886\\_14887\\_14888\\_14889\\_14890\\_14891\\_14892\\_14893\\_14894\\_14895\\_14896\\_1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**Any specimen received after 9:30 a.m. Monday through Friday will be tested on the next business day.** MDHHS on-call supervisor at 517-335-9030 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 except bats. Acceptable samples include 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 in a 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. Rodents and lagomorphs are rarely infected with rabies and have not been known to transmit rabies to humans. These species will not be tested except by special arrangement with MDHHS at 517-335-8165. After 5:00 p.m. and on weekends, dial 517-335-9030.
4. 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 MDHHS by special request). Note: the 3.5-gallon buckets must not be mailed. They must be delivered by private courier or FedEx.
5. 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.
6. Place plastic bag containing the specimen (primary container) into the plastic bucket (secondary container). Rabies collection kits (unit 47) are available for order using MDHHS-0568.
7. Place absorbent material provided (small white squares of material), and the refrigerant provided into the plastic bucket.
8. 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.
9. Complete the test requisition (DCH-1053). Enclose the 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.
10. 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 or FedEx as noted above in 4. Specimen transit time to the laboratory should be 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.**

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.