

**California Department of Public Health - Viral and Rickettsial Disease Laboratory**

**Rabies Examination Submittal Form**

(SEE THE REVERSE SIDE FOR FURTHER INFORMATION BEFORE SHIPPING)

Animal Species Submitted:	Date Collected:	Date Sent:	Date received and VRDL Specimen Accession No.
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**Information (to be filled out by submitter)**

**Human(s) Exposure?**    Yes   Date: \_\_\_\_\_    No    Unknown

Name(s): \_\_\_\_\_

Type of Exposure:    Bite    Scratch    Licked    \_\_\_\_\_   Location of Bite or Exposure: \_\_\_\_\_

**Specimen(s) Submitted - See reverse for specimen & shipping requirements**

whole head  
 whole animal  
 brain stem and bilateral samples of either the hippocampus and/or cerebellum.

<p><b>Animal Vaccine History:</b>                  Vaccination   <input type="checkbox"/> Current   <input type="checkbox"/> Expired  <input type="checkbox"/> Never Vaccinated   <input type="checkbox"/> Unknown   <input type="checkbox"/> NA</p> <p><b>Nature of Attack:</b>  <input type="checkbox"/> Provoked                      <input type="checkbox"/> Unprovoked  <input type="checkbox"/> Unknown                            <input type="checkbox"/> None or NA</p> <p><b>Animal History:</b>   <input type="checkbox"/> Sick   <input type="checkbox"/> Died   <input type="checkbox"/> Killed</p>	<p><b>Were Other Animal(s) Bitten or Exposed</b> by this animal?  <input type="checkbox"/> Yes   <input type="checkbox"/> No                      <input type="checkbox"/> Unknown                  If Yes then what species: _____</p> <p>Date of exposure: _____                  Type of Exposure:  <input type="checkbox"/> Bite   <input type="checkbox"/> Scratch   <input type="checkbox"/> Licked   <input type="checkbox"/> _____</p> <p>Additional Remarks or Comments:</p>
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**Results of State Laboratory Testing**

<p><b>Rabies Direct Immunofluorescence (DFA) Test Results:</b></p> <p><input type="checkbox"/> <b>Positive – rabies antigen detected by DFA</b></p> <p><input type="checkbox"/> Negative – no rabies antigen detected by DFA</p> <p><input type="checkbox"/> Inconclusive</p> <p><input type="checkbox"/> Unsatisfactory (see comments below)</p>	<p><b>Additional Results to Follow:</b></p> <p><input type="checkbox"/> Isolation for rabies  <input type="checkbox"/> Isolation for other encephalitic diseases  <input type="checkbox"/> Rabies PCR  <input type="checkbox"/> Rabies strain typing</p>
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<p><b>Comments:</b></p> <p><input type="checkbox"/> Representative sampling of brain not received. <b>(Note - Rabies cannot be absolutely ruled out without testing adequate samples from cross section of the brain stem and cerebellum and/or bilateral samples from the hippocampus.)</b></p> <p><input type="checkbox"/> Decomposed condition of the specimen precludes valid testing.</p> <p><input type="checkbox"/> other:</p>	<p><b>Date Reported:</b></p>
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For a consultation, please call the VRDL at (510) 307-8585.

California Department of Public Health  
 Viral and Rickettsial Disease Laboratory  
 850 Marina Bay Parkway, Richmond, CA 94804  
 Phone (510) 307-8585 Fax (510) 307-8578

## Specimen Requirements and Shipping Instructions

**SPECIMEN REQUIREMENTS** - Whenever possible, the brain of the animal should be removed. The entire head may be sent for bats or other small animals. Proper sampling of the brain consists of collecting 2-5 grams of brain tissue including cross section of brain stem and cerebellum. If the cerebellum is not available, bilateral cross sections of the hippocampus may be sent. *Brain stem and cerebellum must be clearly labeled and put into separate containers so we can be sure that we are receiving the correct samples.*

**NOTE: Do not formalin fix the brain tissue. Freezing brain samples should be avoided** whenever possible since it damages the brain tissues and makes it more difficult to prepare satisfactory slides. **Glycerol saline is no longer acceptable to avoid bacterial contamination because it can interfere with the staining reaction.**

**SHIPPING INSTRUCTIONS** - Brain specimens, that should be received by the VRDL within 48 hours of sampling, may be stored and shipped at 4 C. Call the VRDL at (510) 307-8585 for a consultation if these conditions cannot be met. Specimens (whole bats, heads or cross section of the brain stem and cerebellum or hippocampus if cerebellum is not available) should be sent via an overnight delivery service inside a tightly sealed inner container(s) placed inside a shipping container certified for shipment of clinical samples. Add several cold packs to keep the specimen cool during shipment. Place this form inside a plastic bag so it will not get moist and include inside the shipping container.

**For cases involving a s human exposure to suspected rabid animal, call the VRDL at (510) 307-8585 before shipping specimens.**

**Note:** The VRDL is required to initiate an animal rabies case report form for all animals positive for rabies. This case report form will be mailed to the submitter for completion and an informational copy sent to the Department of Health Services Veterinary Public Health Section (VPHS). The submitter is responsible for sending the completed form to the VPHS.

To obtain more information: Viral and Rickettsial Disease Laboratory (VRDL) Phone (510) 307-8585 Fax (510) 307-8599

### Local Laboratory Results

Local Laboratory Rabies Test Results:  Positive  Negative  Inconclusive

Conjugate Used:  Centocor  Chemicon polyclonal(Cat#5199)  Chemicon monoclonal (Cat#5100)

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(Please send your controls, stained and unstained specimen slides along with the specimen so the VRDL may look at the same slides that were observed in your laboratory.)

Description of your reading:

### This Section to be Completed by VRDL

Specimen Received:

whole bat  hippocampus  unidentifiable pieces of brain  
 whole animal  cerebellum  other:  
 whole head  brainstem

Condition of container & request form:

Specimen shipped correctly  Container Broken  Cover not tight and taped  Submittal Form Contaminated

Specimen unsatisfactory for testing:

Specimen Dehydrated  Formalin Fixed  
 Insufficient specimen (QNS)  Received in glycerol saline  
 Specimen Decomposed  Other:

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Tested by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Report by: \_\_\_\_\_ Date: \_\_\_\_\_

Phone report received by:

Additional Comments: