

## Rabies Test Request Form

Owner Submitter Information		
Name (Last, First):		Phone:
Address:	City/State:	Zip Code/County:
Veterinarian/Provider Information		
Name (Last, First):		Phone:
Address:	City:	State/County:
Exposure Information		
Date of Incident:		Date Submitted:
Type of Animal:	Vaccine Status:	Date of Death/Euthanization:
Person Exposed:		Location of Exposure:
Person Exposed:		Location of Exposure:
Person Exposed:		Location of Exposure:
Description of Incident/Additional Information:		
<p><b>General Information:</b> All positive results will be immediately called to the appropriate people. To facilitate decisions regarding treatment, it is critical that the specimen be tested as soon as possible.</p> <p><b>Packing information:</b> Bats should be submitted intact. Other animals should be submitted as brain specimens only. A charge will be assessed for any animal head submitted that necropsy must be performed on. The specimen must be kept cold until testing.</p> <ol style="list-style-type: none"> <li>1. Double-bag specimen in heavy duty freezer bag (or single bag and place specimen in a rigid plastic container as to not compress it between ice packs). Absorbent material should be used in packaging.</li> <li>2. Place in a leak-proof rigid insulated container with appropriate number of ice packs to assure the package remains cool until it reaches the lab. Freezing can delay testing.</li> <li>3. It is the responsibility of the shipper to ensure proper Category B packaging and shipping of potentially infectious and biological substances.</li> </ol> <p><b>Ship To:</b> North Dakota Department of Health and Human Services            Laboratory Services            2635 East Main Ave.            Bismarck, ND 58506</p>		