

**Rabies Specimen Submission Form
Minnesota Department of Health
Public Health Laboratory
Instructions and Information**



Specimens for rabies testing must be relatively fresh and the animal's brain must not be damaged. Tests cannot be done reliably if the different regions of the brain are not discernible. It is imperative that brain samples **not** be fixed in chemical preservatives. Keep the specimen chilled, not frozen, until shipped. However, samples that have been inadvertently frozen can sometimes yield satisfactory results. Grossly deteriorated specimens will not be tested.

Live dogs, cats, ferrets and horses will **not** be accepted for rabies testing. Companion animals should be euthanized by a licensed veterinarian. Whole bodies of dogs, cats, ferrets, skunks, bats and other small animals may be sent intact. Ship only the heads of large animals such as cows, horses and pigs, unless a full necropsy is to be done. If the brain is removed by a veterinary professional, the entire brain should be sent, including the cerebrum with hippocampus, cerebellum and brain stem.

Bats may be delivered alive as long as they are well contained, the container is marked "Live Bat for Rabies Testing," and the bat is hand delivered, not shipped. Livestock with neurologic symptoms may be delivered alive for rabies testing if arrangements are made in advance with Minnesota Veterinary Diagnostic Laboratory staff.

1. Whenever possible, specimens should be hand delivered. If this is not possible, specimens may be sent by U.S. Priority Mail, or by a direct delivery service such as FedEx. To receive test results the next business day, samples must arrive at the Veterinary Diagnostic Laboratory before 11 a.m. Specimens should **not** be sent by regular mail. Most commercial bus lines do not permit shipment of rabies-suspect specimens.
2. Specimens from suspect rabies animals should be delivered to:

Business hours (M-F, 8:00 a.m. – 4:30 p.m.)
Minnesota Veterinary Diagnostic Laboratory
College of Veterinary Medicine
University of Minnesota
1333 Gortner Avenue
St. Paul, MN 55108
612-625-8787
Fax: 612-624-8707

Non-business hours and holidays
Veterinary Medical Center, emergency receiving*
College of Veterinary Medicine
University of Minnesota
1365 Gortner Avenue
St. Paul, MN 55108
612-625-9711 (emergency receiving)
*Notify personnel that it is a suspect rabies case

3. Packing Requirements
 - a) Specimens should be double bagged in heavy, leak-proof plastic bags and securely sealed.
 - b) Specimens should be shipped in a leak-proof container, preferably a Styrofoam box with cardboard exterior.
 - c) Specimens should be chilled (not frozen) until ready to ship.
 - d) Leak-proof freezer packs should be included in the shipping container to keep the specimen cold.
Do not pack in wet ice or dry ice.
 - e) Newspaper or other absorbent packing material should be used to fill space within the container to ensure temperature stability and to absorb fluids in case of leakage.
 - f) The Rabies Specimen Submission Form (available from the Minnesota Veterinary Diagnostic Laboratory), should be completed, placed in an envelope inside a plastic bag, and attached securely to the outside of the container.
 - g) The exterior of the box should be labeled "Veterinary Diagnostic Specimen."
4. Minnesota Department of Health Rabies Laboratory business hours are:
M-F: 8:00 a.m. to 4:30 p.m.
Phone: 651-201-5254
5. Physicians and veterinarians may obtain information on rabies, including human exposure, prophylaxis, and bite management from the Acute Disease Investigation and Control Section. (651-201-5414; 24-hour answering service)

In Minnesota, rabies is almost never found in small rodents (hamsters, gerbils, guinea pigs, squirrels, chipmunks, rats, mice, gophers, etc.), insectivores (moles and shrews), or lagomorphs (hares and rabbits). In general, MDH discourages testing these animals for rabies. Unusual circumstances should be discussed with the MDH Acute Disease Investigation and Control Section **prior** to submission of the animal for testing (651-201-5414).

Rabies Specimen Submission Form
Minnesota Department of Health
Public Health Laboratory

Person submitting sample: _____

Affiliation: _____

Phone: ____/____/____ Date: ____/____/____

Test Animal

Species: _____ Domestic Owned Stray Wild

Clinical signs consistent with rabies? Y N If yes, describe: _____

Date of earliest clinical signs: ____/____/____

Date of death of animal: ____/____/____ Euthanized Died naturally

Were any animals exposed to the animal submitted for testing? Y N species: _____

Veterinarian name: _____ Phone: ____/____/____ Fax: ____/____/____

Clinic name/address: _____

Owner

Name: _____ County: _____

Address: _____

City: _____ State: ____ Zip: ____ Email: _____

Phone: ____/____/____ Alternate phone: ____/____/____ Work Cell Fax

Human Exposure

No Human Exposure

Name: _____ Date of birth: ____/____/____

Address: _____

City: _____ State: ____ Zip: ____ County: _____

Email: _____

Phone: ____/____/____ Alternate phone: ____/____/____ Work Cell Fax

Type of exposure: Bite Non-bite Location on body: _____

Date of exposure: ____/____/____

Explain situation: _____

Healthcare provider: _____ Phone: ____/____/____ Fax: ____/____/____

Clinic name/address: _____

Human Exposure

Laboratory

VDL#: _____ Date received VDL: ____/____/____

MDH#: _____ Date received MDH: ____/____/____

Test Result: FA Rabies Positive FA Negative Unsatisfactory specimen

Other test result: _____ Test date: ____/____/____

Person notified: _____ Report date: ____/____/____

Comments: _____