

# RABIES

SEE INSTRUCTIONS ON BACK

**Please Print**

Complete this form to the **LABORATORY USE ONLY AREA** as completely and accurately as possible since a copy will be returned to you as a laboratory report.

SENDER _____	VETERINARIAN _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
County _____ Telephone (____) _____	County _____ Telephone (____) _____
After-Hours Telephone (____) _____	After-Hours Telephone (____) _____
<b>OWNER</b> (if different from Sender) _____	
Address _____	City _____ Zip _____
County _____ Telephone (____) _____	After-Hours Telephone (____) _____

SENT VIA: Courier  Hand Carried  By \_\_\_\_\_ Other  \_\_\_\_\_  
 Date Sent: \_\_\_\_\_ # animals enclosed \_\_\_\_\_

**ANIMAL** Please check appropriate box

- Cat
- Cow Gender/Breed \_\_\_\_\_
- Dog Breed \_\_\_\_\_
- Horse Gender/Breed \_\_\_\_\_
- Skunk
- Other \_\_\_\_\_

**Age of Animal** \_\_\_\_\_  
**Vaccination History**  
 Please check appropriate box

Rabies \_\_\_\_\_

EEE/WEE  
 (Horses Only)

**Dates of Vaccination**  
 \_\_\_\_\_  
 \_\_\_\_\_

Date Animal Died: \_\_\_\_\_

Was animal sick?  No  Yes If Yes How long? \_\_\_\_\_  
 Details of Illness (symptoms) \_\_\_\_\_

**Exposure Information is Required Before Test Will Be Performed**

LIST ANY PERSON OR ANIMAL BITTEN OR OTHERWISE IN CONTACT WITH SALIVA OR NEUROLOGIC TISSUE

Name of Exposed	Address	Phone	Age	Type of Exposure

Send Report to:  
**Sender**  **Veterinarian**  **Owner**

DO NOT WRITE BELOW THIS LINE LABORATORY USE ONLY

**Results**

- Negative** No evidence of rabies was found by the fluorescent rabies antibody test.
- Positive** Evidence of rabies was found by the fluorescent rabies antibody test.
- Unsatisfactory**
  - Skull crushed
  - Brain decomposed
  - Other \_\_\_\_\_

Laboratory No. \_\_\_\_\_  
 Date Tested \_\_\_\_\_  
 Date Reported \_\_\_\_\_

Remarks \_\_\_\_\_

**Figure 2.**

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

## SPECIMEN PREPARATION

1. Live animals must not be submitted to the laboratory for examination.
2. **NO ANIMAL SHOULD BE KILLED BY CLUBBING OR SHOOTING IN THE HEAD SINCE THE INTACT BRAIN IS NEEDED FOR EXAMINATION.**
3. The head must be removed from the body (except for small animals which measure 12 inches or less in length, exclusive of tail) and placed in a leak-proof container. If the head has sharp protuberances (shattered bone, quills, etc.) first wrap the specimen in several layers of newspaper before placing in a plastic bag.
4. Specimen should be shipped within 24 hours of euthanasia. All specimens should be refrigerated before and during shipment. Frozen cold pack maybe used to provide refrigeration during transport.

If commercial transportation to the Oklahoma State Department of Health will not be available for more than 24 hours, the following procedures are recommended:

- a. A private individual following instructions above may bring the specimen to OSDH.
  - b. If alive, euthanasia of the suspect animal may delayed until shortly before pick up.
5. One Rabies Form 460 should be sent for each animal.
  6. **DO NOT SEND** specimens preserved in formalin or other chemical preservative to the Public Health Laboratory since examination of histological sections are not performed.

**Caution:** FREEZING SPECIMENS FOR RABIES TESTING IS NOT RECOMMENDED. The freeze-thaw process may delay testing and soften the brain resulting in an unsatisfactory report.

## SHIPPING INSTRUCTIONS \*\*\*SHIP BY MOST RAPID METHOD AVAILABLE\*\*\*

Shipping containers for animal heads other than cattle and horses\* are furnished to the local health departments and veterinarians upon request. The OSDH Rabies shipping containers consist of:

1. A cardboard box with a leak-proof plastic bag liner.
2. Re-freezeable cold packs. **DO NOT PACK WITH WET ICE.**
3. Insulation material and an outer sleeve for transport.

**\*The brain from large animals such as cattle and horses should be removed before transport.**

Specimens should be hand-carried or shipped by Ala Carte Courier Service\*\* or Beaver Express\*\* to:

Rabies Laboratory  
Oklahoma State Department of Health  
1000 Northeast 10<sup>th</sup> Street  
Oklahoma City, Oklahoma 73117

Shipping charges to be paid by sender. DO NOT SHIP SPECIMENS BY PARCEL POST or by bus. During working hours (8:00 a.m.- 4:30 p.m.) animal heads are received in Shipping and Receiving area Room B-37. After hours, weekends, and holidays, specimens must be received and logged in by the Security Guard. Enter the building through the loading dock on the east of the building facing Stonewall Avenue to locate Room B78, or the Security Guard. For after-hours delivery, use the buzzer alarm button next to the door on the loading dock to summon the guard on duty.

\*\*Use of trade name is for identification only and does not constitute endorsement by the Oklahoma State Department of Health.

## LABORATORY REPORTS

Routine laboratory testing is performed Monday- Saturday. Reports on animal heads received by 11:00 a.m. are usually available by 4:00 pm-4: 30 p.m. of the same day. Reports on heads received after 11:00 a.m. are available by 4:00 p.m. to 4:30 p.m. of the next working day. Telephone reports are made routinely on all positive specimens and on all specimens that were unsatisfactory for testing. Written reports are mailed on all specimens when each examination is complete. Telephone reports on negative animals are made when requested on Rabies ODH Form 460. Negative reports are telephoned collect. For information regarding specimens and laboratory reports call: 405-271-5070, from 8:00 a.m.- 4:30 p.m., Monday through Friday and 405-271-4060 after working hours, nights, weekends, and holidays.