

Rabies Test Request Form

Owner Submitter Information		
Name (Last, First):		Phone:
Address:	City:	State/County:
Veterinarian/Provider Information		
Name (Last, First):		Phone:
Facility:		
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>General Information: 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>Packing information: 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"> 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. 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. 3. It is the responsibility of the shipper to ensure proper Category B packaging and shipping of potentially infectious and biological substances. <p>Ship To: North Dakota Department of Health Division of Microbiology 2635 East Main Ave. Bismarck, ND 58506</p>		