RABIES TEST REQUEST FORM: IDAHO

IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

RABIES TESTING REQUIRES PRIOR APPROVAL FROM THE LOCAL PUBLIC HEALTH DISTRICT.

See HealthandWelfare.idaho.gov for contact information for Idaho public health districts. If unable to reach local public health district, call (208) 334-5939 to reach a state-level Public Health epidemiologist. Complete one form for each specimen submitted.

See reverse side of form for instructions.

Request an IBL Rabies ID #

Approving Epidemiologist: _____ Approval Date: _____

IBL Rabies ID#: _____ *(refer to this number in all subsequent correspondence regarding this specimen)*

IBL USE ONLY
DO NOT MARK

REPORT RESULTS TO:

1. Agency/Office Name:		2. Attention:	
3. Mailing Address for Final Report:	4. City:	5. State:	6. Zip:
7. Phone #:	8. Email Address:	9. Submitting Agency Case ID:	

SPECIMEN INFORMATION

10. Animal:	11. Animal Breed/Bat Species:	12. Was animal vaccinated for rabies? ☐ Yes ☐ No ☐ Unknown	13. If yes, date of most recent vaccination:
14. Collection Location City:	15. Collection Location County:	16. Zip:	17. Collection Date *(mm/dd/yy)*:
18. Specimen Discovered By/Owner Full Name:		19. Phone #:	
20. Specimen Owner Address:	21. City:	22. State:	23. Zip:

HUMAN EXPOSURE INFORMATION

A)	24. Name:	25. Type of Exposure:	26. Date of Exposure *(mm/dd/yy)*:
	27. Address:		28. Phone #:
B)	24. Name:	25. Type of Exposure:	26. Date of Exposure *(mm/dd/yy)*:
	27. Address:		28. Phone #:
C)	24. Name:	25. Type of Exposure:	26. Date of Exposure *(mm/dd/yy)*:
	27. Address:		28. Phone #:

PET EXPOSURE INFORMATION

	29. Pet Name, Species	30. Owner Name & Contact Information:	31. Pet Vaccination Status:
A)			
B)			
C)			

HISTORY/TYPE OF EXPOSURE:

Describe the human/animal exposure in detail.

Idaho Bureau of Laboratories • 2220 Old Penitentiary Road • Boise, ID 83712
Visit StateLab.idaho.gov for Sampling & Submission Guides and Packaging & Shipping Information.
Ph: (208) 334-2235
Fax: (208) 334-4083

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GENERAL INSTRUCTIONS

ALL RABIES SUBMISSIONS MUST BE PRE-APPROVED BY YOUR LOCAL PUBLIC HEALTH DISTRICT EPIDEMIOLOGIST.
RECORD THE NAME OF THE APPROVING EPIDEMIOLOGIST, DATE OF APPROVAL. AND THE IBL RABIES ID# BEFORE SHIPPING SPECIMEN. It is important to obtain the IBL Rabies ID# early, regardless of whether a specimen is eventually submitted. Once assigned, the IBL Rabies ID# must be included in all subsequent communications regarding this specimen. Test approval is based on human or animal exposure risk. IBL is the ONLY laboratory in Idaho that conducts rabies testing. Each specimen must have its own individual Rabies Test Request Form do not submit multiple specimens on a single form.
This form MUST be filled out completely and legibly to avoid delays in testing.

Request an IBL Rabies ID #

Ship to: Idaho Bureau of Laboratories
Attn: Rabies Laboratory
2220 Old Penitentiary Rd, Boise, ID 83712

Notify the IBL Rabies Laboratory by email at IBLRabies@dhw.idaho.gov, or by phone at (208) 334-0593 to provide tracking information and the unique IBL Rabies ID# on the shipped specimen. Notification of positive results will be made immediately to the approving PHD epidemiologist and/or veterinarian (if submitted directly from a veterinary clinic). For more information on rabies testing, contact the Division of Public Health, Bureau of Environmental Health and Communicable Disease at (208) 334-5939.

FORM INSTRUCTIONS

REPORT RESULTS TO

Box 1: Enter the name of the Public Health District, Veterinary Clinic, Humane Society, or other agency responsible for receiving and acting on the results of this test.
Box 2: Enter the name of the individual (Animal Health official/Veterinarian) the report will be sent to.
Box 3-6: Enter the mailing address (including city, state, and zip code) for the final report.
Box 7: Enter a contact phone number so IBL can notify for positive results or if there is a problem with the sample.
Box 8: Enter an email address for immediate notification of rabies test results. The final report will be mailed to the address specifies in Boxes 3-6.
Box 9: If the agency has assigned a specimen ID or unique case number that should be included in the report, enter it here.

ANIMAL/SPECIMEN INFORMATION

Box 10: Enter the common name of the animal being submitted for testing (e.g. dog, cat, little brown bat).
Box 11: Enter additional specific breed (e.g. pit bull, domestic shorthair) or bat species identification (e.g. Myotis lucifugus) if known.
Box 12-13: For domesticated animals and pets, indicate the rabies vaccination status and the date of the most recent vaccination.
Box 14-16: Enter the city, county, and zip code IN WHICH THE ANIMAL ENCOUNTER OCCURRED. (This may differ from pet owner's home address entered in Boxes 20-23.)
Box 17: Enter the date the specimen was collected (typically the date of euthanasia).
Box 18: Enter the full name of the person who initially encountered the wild animal or the pet owner of the animal being tested.
Box 19: Enter the best phone number for contacting the person named in Box 18.
Box 20-23: Enter the physical street address (including city, state, and zip code) for the person named in Box 18.

HUMAN EXPOSURE INFORMATION

Box 24: Enter the full name of the first person exposed to the rabies suspect test animal.
Box 25: List the type of exposure that occurred. See instructions for describing exposures below for examples of exposure types.
Box 26: Enter the date of the exposure to the rabies suspect test animal occurred (mm/dd/yy). Required for testing at IBL.
Box 27: Enter the address of the exposed victim.
Box 28: Enter the best phone number to contact the exposed victim [(###) ###-####].
Repeat for each person exposed. If there are more than three (3) people exposed, attach additional forms.

PET EXPOSURE INFORMATION

Box 29: Enter the name/breed of any ANIMAL that was exposed to the rabies suspect test animal. Example: if the test subject (bat) was brought into the collector's yard by a neighbor's cat, enter the cat's details here. Enter NONE if this is an isolated event with no known animal exposure.
Box 30: Enter the name and best method of contact (email and/or phone number) for the owner of the exposed pet listed on the same row.
Box 31: enter rabies vaccination status of the exposed animal (i.e. Current, Not Current, or Unknown). If status is Current, include date of most recent vaccination if known.
Repeat for each pet exposed. If there are more than three (3) pets exposed, attach additional forms.

HISTORY/TYPE OF EXPOSURE

Use this area to clarify and describe the types of exposure (e.g. bite, scratch, handled animal, unprovoked attack, exposure to saliva, etc.) listed in Boxes 24-31. Include any other information that may be pertinent to the incident.

SPECIMEN INSTRUCTIONS

Small Animals and Bats: whole carcasses accepted. Examples: bats, rats, squirrels, voles, small kittens, etc.
DO NOT ATTEMPT TO SHIP OR EUTHANIZE A LIVE BAT! Contact the IBL Rabies Laboratory at (208) 334-0593 or by email at IBLRabies@dhw.idaho.gov for special instructions prior to submitting/shipping.
Large Animals (e.g. dogs, cats, raccoons, foxes, skunks, etc.): Should be decapitated by a veterinarian or other approved agency (e.g. Animal control, Idaho Fish and Game, etc.) and ONLY the intact head will be accepted. ***Whole skunk carcasses will not be accepted under any conditions.***
Specimen Transportation and Storage:

- Specimens (deceased) should be kept cold (35-45°F = 2-8°C) prior to and during shipment. Frozen specimens are acceptable but may delay testing due to time required to thaw. Ship specimens to IBL as soon as possible to ensure valid test results.
- All specimens must be shipped as a Category B infectious substance and meet Department of Transportation (DOT) and US Postal Service regulations. **It is the shipper's responsibility to ensure that shipped packages meet these regulations.**
- See StateLab.idaho.gov for detailed information on packaging and shipping a specimen, downloading forms, and obtaining pre-labeled IBL Rabies Shippers (available to Public Health Districts, animal shelters, and select Veterinary hospitals). If shipping specimens directly to IBL, veterinary clinics should contact their local health district regarding available IBL Rabies Shippers.

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