Oregon State Public Health Laboratory
3150 NW 229th Avenue; Suite 100
Hillsboro, Oregon 97124
503-693-4100

OSPHL Specimen Number

RABIES EXAMINATION REQUISITION

INSTRUCTIONS

Note: Approval by the State Acute and Communicable Disease Prevention (ACDP) staff is **required** for animal testing. Call 971-673-1111 for review of the case, and approval if appropriate.

1. Please do not send live animals. When euthanasia is required, use a method that does not damage the head. Strychnine or other chemical poisons should not be used as they may interfere with accurate testing.
2. If specimen is a bat, submit the entire dead bat. For all other animals submit only the head.
3. Place animal head or bat into a sealed leak-proof bag or container. Store sample refrigerated until shipped.
4. Package and ship specimen following current shipping guidelines and requirements for **Category B Biological Substances.** Use sufficient refrigerant to keep specimen cool for at least 24 hours. Refrigerant of choice is gel packs.
   a. Place bagged sample into a second leak-proof container.
   b. If artificial ice is not available, place wet ice in a sealed leak-proof bag. Place bagged ice or gel packs outside the second leak-proof container with absorbent material. Melted ice water must not come into contact with head.
   c. Place inside an insulated container.
5. Place **completed** requisition form between second container and outside container. Close outside container.
6. Address outside container to the Oregon State Public Health Laboratory; 3150 NW 229th Avenue; Suite 100; Hillsboro, OR 97124.
7. Ship to OSPHL by fastest means available. Notify OSPHL (503-693-4100) to expect a shipment. Provide information regarding shipment date, mode of transport and expected date and time of arrival. **Do Not Ship** for arrival on weekends or holidays.
8. Contact OSPHL (503-693-4100) to arrange pick-up using the OSPHL courier if necessary.

Please complete all fields below. Failure to complete the requisition may delay testing.

Authorizing State Public Health (ACDP) Staff:

Last Name: _____

First Name: _____

Submitting Clinic or County Facility:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

OSPHL LAB USE ONLY

RESULTS

☐ NEGATIVE
☐ POSITIVE
☐ SPECIMEN UNSATISFACTORY
- ☐ BRAIN DECOMPOSED/DESTROYED
- ☐ UNABLE TO DISTINGUISH BRAIN PARTS
- ☐ SPECIMEN IMPROPERLY SUBMITTED
- ☐ _____

_____

Analyst: _____ Date: _____

Reviewer: _____ Date: _____

Animal History:

TYPE OF ANIMAL: _____

Date of Death: _____ ☐ Natural Death ☐ Euthanized ☐ Hit by Car

☐ Other Cause of Death: _____ ☐ Animal Vaccinated

☐ Paralysis ☐ Not Eating/Drinking ☐ Aggression

☐ Other _____

Person Exposed:

Name: _____ Phone: _____

Date of birth: _____ Sex: _____

County of Residence: _____

Address: _____
Street City, State, Zip

Exposure History:

Date of Exposure: _____ Bitten? ☐ Yes ☐ No ☐ Unknown

Site(s) of Bite: _____ ☐ Provoked ☐ Unprovoked

☐ Severe ☐ Mild ☐ Superficial

Circumstances of Exposure/Bite: _____

_____

Type of Testing: ☐ Batch Testing ☐ Express Testing

Justification for Express Testing: _____

_____