



Veterinary Diagnostic Laboratory

1850 Christensen Dr | Ames, IA 50011-1134  
515-294-1950 | Fax 515-294-6961 | www.vetmed.iastate.edu/vdl

VETERINARIAN \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

If Owner Name and Address are same as Animal Location (include info under Site Name)

OWNER \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Special Reporting Requests  Phone  Fax  Email

Laboratory Use Only

Case No. \_\_\_\_\_

Results:

- Negative
- Positive
- Inconclusive
- Unsuitable
- No Test

Signature and Date \_\_\_\_\_

Procedure for Submitting Rabies Cases on Page 2

ANIMAL LOCATION: Location of Animal or Exposure

SITE NAME \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

County \_\_\_\_\_

Phone Numbers \_\_\_\_\_

RABIES VACCINATIONS (CHECK ONE)

- Vaccinated / Date \_\_\_\_\_
- Not Vaccinated
- Unknown

SAMPLES

- Carcass
- Head only
- Brain (Fresh Whole Brain, including Cerebellum and Brain Stem)
- Tissues

PATIENT INFORMATION

Animal ID \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_ Gender \_\_\_\_\_ Age/Unit \_\_\_\_\_

Date of Death \_\_\_\_\_  Euthanized  Natural Death

Clinical observations/comments:

HUMAN EXPOSURE HISTORY - PROVIDE ALL DATA REQUESTED

- UNKNOWN - not known at this time if human exposure is associated with this case.
- NO - human exposure is NOT associated with this case.
- YES - human exposure is associated with this case.

Number of potential human exposures = \_\_\_\_\_

Name of exposed \_\_\_\_\_

Date of exposure \_\_\_\_\_

Address \_\_\_\_\_

Type of exposure \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Site of exposure \_\_\_\_\_

Day Phone \_\_\_\_\_

Additional comments

Cell Phone \_\_\_\_\_

Physician \_\_\_\_\_

Physician Phone \_\_\_\_\_

Clinic \_\_\_\_\_

Physician FAX \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

ADDITIONAL REMARKS/SPECIFIC INSTRUCTIONS

Submitting Veterinarian (signature required):

Date:



VETERINARIAN \_\_\_\_\_

SITE NAME \_\_\_\_\_

### PROCEDURE FOR SUBMITTING RABIES CASES

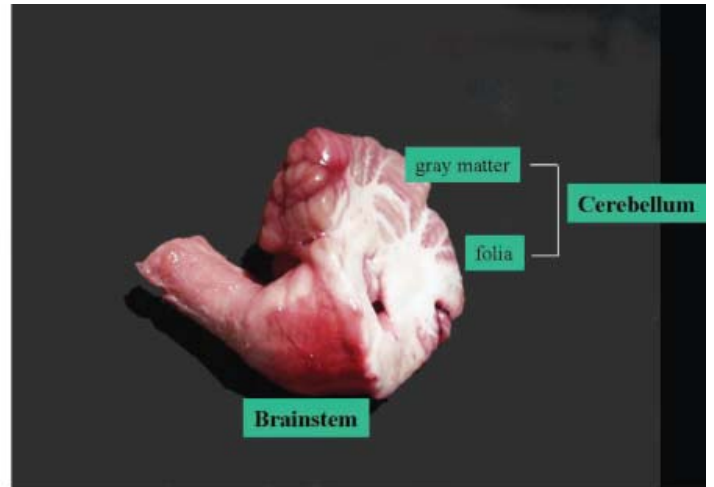
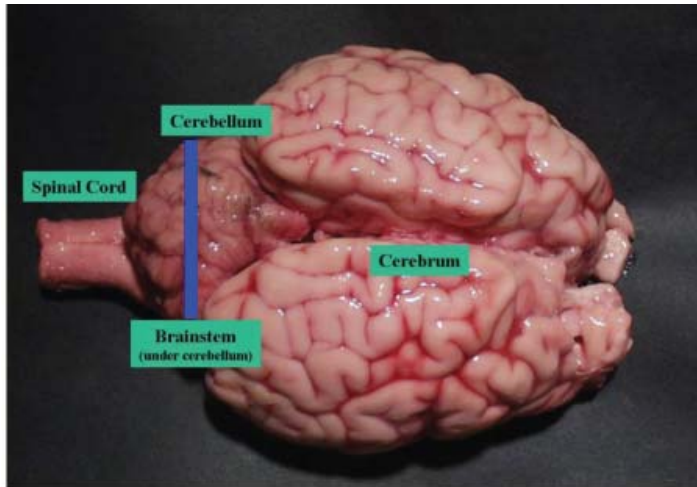
#### Rabies Specimens

The entire euthanized animal, chilled (not frozen), should be delivered by private carrier. Alternatively, submit the intact head, properly sealed to prevent leakage, and identified as a rabies suspect.

#### To safely prepare a rabies head:

1. Remove the head by disarticulation of the occipito-atlantal joint. Gloves, face, and eye protection are recommended for this procedure.
2. Refrigerate and package in a leak-proof container with refrigerant packs.
3. Deliver by private or commercial carrier with the package identified as "Rabies Suspect".
4. Rabies suspects should be euthanized prior to delivery to the VDL, only in exceptional cases and with prior notice should a live animal be submitted.

**Note:** A complete cross-section (see the photo below) of **both** the **cerebellum** and the **brainstem** submitted as fresh, refrigerated tissue are required for valid rabies testing per the CDC guidelines.



**Cross Section (i.e. transverse section), shown by the blue line, of brainstem and cerebellum for rabies testing**