

**New Hampshire Department of Health and Human Services  
Division of Public Health Services  
Public Health Laboratories**

**SUBMISSION OF ANIMAL SPECIMENS FOR RABIES TESTING**

The following guidelines are to be followed when submitting an animal specimen to the Public Health Laboratories for rabies testing:

- The accompanying form is required when specimens are submitted.
- Specimens may be submitted by authorized individuals, including NH veterinarians, NH Fish & Game officers, and Animal Control Officers.
- Private citizens may **only** submit specimens **after obtaining approval** from either the Communicable Disease Control Section or the State Veterinarian's office.
- If you wish to have a specimen tested but have not yet obtained approval, please contact the Communicable Disease Control Section at (603) 271-4496.

This Information Form must be taped to outside of container.  
Please type or print.  
Completed form is required for specimen examination.

FOR PHL LAB USE ONLY
DATE: _____
TIME: _____
RECEIVED BY: _____

PERSON / FACILITY - AGENCY REQUESTING TESTING: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City/town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

TRANSPORTER (IF DIFFERENT FROM REQUESTER): Facility/Agency: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City/town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

TOWN OF INCIDENT: \_\_\_\_\_ COUNTY: \_\_\_\_\_

ANIMAL TYPE: \_\_\_\_\_ SUBMITTED ANIMAL'S RABIES VACCINATION STATUS: CURRENT   
EXPIRED   
UNVACCINATED   
UNKNOWN   
ANIMAL ID: ( VET #; OWNER'S NAME; F&G TAG #) \_\_\_\_\_

REASON FOR REQUEST: Please check ALL that apply.

- Human Exposure:  Symptoms/signs of Rabies  
 Bite  Domestic Animal Exposure  
 Scratch  Domestic Animal Exposure Only  
 Saliva  Unknown Cause of Death  
 Handling  Surveillance

FOR PHL LAB USE ONLY
Rept'd to BDC:
<input type="checkbox"/> FA TEST NEGATIVE FOR RABIES
<input type="checkbox"/> FA TEST POSITIVE FOR RABIES
<input type="checkbox"/> UNABLE TO TEST. SEE COMMENT BELOW.
INITIAL _____ DATE _____

ANIMAL DATE OF DEATH: \_\_\_\_\_ CAUSE: \_\_\_\_\_

PERSON(S) EXPOSED: \_\_\_\_\_ DATE OF EXPOSURE: \_\_\_\_\_  
Phone: \_\_\_\_\_ PART OF BODY EXPOSED: \_\_\_\_\_  
Address: \_\_\_\_\_ City/town: \_\_\_\_\_ State/Zip: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ Has Physician been Notified of Exposure?  Yes  No  
Phone: \_\_\_\_\_  
Facility/Agency: \_\_\_\_\_ Address: \_\_\_\_\_  
City/town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

VETERINARIAN: \_\_\_\_\_ ( Fill in this section if not listed above )  
Phone : \_\_\_\_\_  
Facility/Agency: \_\_\_\_\_ Address: \_\_\_\_\_  
City/town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please attach additional patient names, phone numbers, addresses of other patients and physicians to this Form.

NH PUBLIC HEALTH LABORATORIES  
29 Hazen Drive, Concord, NH 03301

GUIDELINES FOR SUBMITTING A SPECIMEN FOR RABIES TESTING

DELIVER SPECIMEN MONDAY THROUGH FRIDAY 8:00 AM TO 3:30 PM  
IF POSSIBLE NOTIFY LABORATORY PRIOR TO DELIVERY: TEL. 271-4661  
AFTER HOURS EMERGENCY TESTING TEL. #1-800-852-3345 OR 271-5300

The New Hampshire Public Health Laboratories (PHL) performs rabies testing free of charge on any mammal that has exposed a human or domestic animal in a New Hampshire town/city, with the exception of small rodents (squirrels, chipmunks, etc). Small rodents may be tested only on a case-by-case basis only after consult with the NH Disease Control /state veterinarian Tel: 271-4496 or 271-2404.

Border towns: be aware that incidents only occurring in NH should be tested at the NH PHL. Incidents occurring outside NH should be sent to the respective state lab of the town of incident.

Do not deliver live animals !! The lab does not provide euthanasia.

The state does not provide transportation. The city/town where the domestic animal incident occurred is responsible for transporting the suspect animal to the PHL. However, anyone can transport a properly packaged specimen in a timely manner including: the owner of the animal, vet staff, or the exposed person/ family involved in the incident.

Wild animals: contact the NH Dept. of Fish and Game dispatch: 271- 3361.

Large animals (i.e. horses) suspected of neurological disease: please contact the NH Veterinary Diagnostic Laboratory Tel: 862 – 2726. They will remove the brain for testing.

Please LEGIBLY COMPLETE ALL AREAS of the Information Form on the reverse side and attach to the OUTSIDE of the transport container.

SPECIMEN PREPARATION:

- A. Do not club or shoot in the head. The skull must remain intact.
- B. Refrigerate specimen immediately.
- C. Freezing is not recommended. Contact the Public Health Labs before freezing a specimen. Frozen brain tissue softens when thawed and this can prevent reliable testing.
- D. **The head of the animal must be removed** from the body. The only exception is bats, which are accepted whole because we need the body to identify the species.
- E. **Specimen must be fresh.** The specimen should be delivered as soon as possible after the animal's death. The test cannot be performed if the specimen is decomposed or infested with maggots.
- F. Do not send specimen in formalin. The test cannot be performed on formalin-fixed tissues.

PACKAGING:

- A. Specimen should be double bagged in heavy plastic bags.
- B. EACH bag should be properly sealed.
- C. If specimen has any sharp protruding parts (shattered bone or porcupine quills), wrap it in several layers of newspaper first.
- D. Place properly bagged specimen in an insulated container and surround the specimen with frozen packs or wet ice contained in plastic bags.
- E. If an insulated container is not available, line a box with several layers of newspaper and surround specimen with frozen freezer packs, **ONLY**. Wet ice may leak.
- F. Close securely with tape.
- G. TRANSPORT CONTAINER CANNOT BE RETURNED.