

RABIES SAMPLE SUBMISSION FORM *Complete all pages.*

Submitting a Sample for Rabies Testing in New Brunswick- 2020

1. Contact the **New Brunswick Provincial Veterinary Laboratory** at (506) 453-5412 to discuss the submission and provide notice that sample is being sent. If the submission is **after-hours or weekends**, please call (506) 453-2210 to contact the veterinarian on call.
2. This form should be completed and emailed, or printed, completed, scanned and emailed to GNBVetlab@gnb.ca with subject line "**Rabies Sample Submission Form**". (located on page 2) If a paper copy of the form is included with the rabies specimen submission, it must be sealed on its own within a separate plastic bag, as per #5.
3. Submit the *head* or *entire body*. If the sample can be submitted within 48 hours from euthanasia, then do not freeze sample: freezing will delay test results. If shipping can occur next day, please keep specimen refrigerated until it can be shipped. Otherwise, sample may be frozen and submitted, analysis will be performed, it will just take longer.
4. The entire submission form must be completed in order for testing to be performed.
5. If the submission form is included with the sample, the submission form **must** be placed in its own sealed plastic bag to protect from moisture.
 - Samples **must** be shipped in compliance with federal *Transportation of Dangerous Goods* legislation. Place the sample in a *leak proof container* (e.g. sturdy plastic garbage bag) and then place the leak proof container into a *second leak proof container* (e.g. a second sturdy plastic garbage bag).
 - Place the packaged specimen in a sturdy shipping container (e.g. plastic tub with lid, cooler) along with absorbent material (e.g. paper towel) and enough ice to ensure the specimen stays cold while in transit.
 - Label the shipping container as "**Exempt Animal Specimen**" and ship to the **New Brunswick Provincial Veterinary Laboratory, 850 Lincoln Road, Building 700A, Fredericton, NB E3B 5H1**. Shipping containers will not be returned.
6. When using a commercial shipper, it is recommended to ship early in the week to avoid a sample specimen being held in transit over the weekend. Confirm in advance that the weight of the sample and dangerous goods requirements can be handled by the shipper. The specimen sample may also be delivered directly to the New Brunswick Provincial Veterinary Laboratory in Fredericton by appointment only by calling (506) 453-5412. Other Regional Veterinary Offices can also accept specimens by appointment only by calling these locations Wicklow (506) 392-5101, Grand Falls (506) 473-7755, Moncton (506) 856-2278, Sussex (506) 432-2001 or Bathurst (506) 547-2088.
7. There is **no cost to test for rabies**. All shipping fees and any other diagnostic fees are the responsibility of the owner/submitter.

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1	CONTACT INFORMATION FOR PERSON SUBMITTING ANIMAL SAMPLE
Name: _____	
Address: _____ City/Town: _____	
Province: _____ Postal Code: _____ Email: _____	
Telephone day: _____ evening: _____	

2	CONTACT INFORMATION FOR OWNER OF ANIMAL
Name: _____	
Address: _____ City/Town: _____	
Province: _____ Postal Code: _____ Email: _____	
Telephone day: _____ evening: _____	

3	CONTACT INFORMATION FOR OWNER OF PROPERTY WHERE INCIDENT TOOK PLACE
Name: _____	
Address: _____ City/Town: _____	
Province: _____ Postal Code: _____ Email: _____	
Telephone day: _____ evening: _____	

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4 SAMPLE INFORMATION

Animal species: _____

For sample origin, if possible, provide latitude/longitude coordinates in degree decimals (for example: 45.987654, -66.345678):

Latitude: _____ Longitude: _____

Date collected (dd/mm/yy): _____ Time collected (00:00 am/pm): _____

5 INCIDENT INFORMATION

Details of incident (what happened and why does the animal need to be tested):

Was there any contact between a person(s) and the animal specimen? This includes a bite from the animal; touching the animal; skin contact with the animal; skin contact with animal saliva, spinal cord or brain tissue; contamination of a person's mouth or eye with animal saliva, spinal cord or brain tissue.

- No Yes, Please provide the following information for all persons:

Name of person in contact with animal specimen: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____ Email: _____

Telephone day: _____ evening: _____

Describe contact between animal specimen and person in detail:

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Name of other person in contact with animal specimen: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____ Email: _____

Telephone day: _____ evening: _____

Describe contact between person and animal specimen in detail:

If you have been exposed to a potentially rabid animal, seek medical attention immediately. A doctor will assess the risk and decide whether preventive treatment for rabies is necessary.

Was there any contact between a domestic animal(s) and animal specimen? This includes a bite or other physical contact between a domestic animal and the animal specimen; domestic animal contact with animal specimen saliva, spinal cord or brain tissue.

No Yes, Please provide the following information for all domestic animals:

Name of domestic animal owner: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____ Email: _____

Telephone day: _____ evening: _____

Describe contact between domestic animal and animal specimen in detail:

Name of other domestic animal owner: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____ Email: _____

Telephone day: _____ evening: _____

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Describe contact between domestic animal and animal specimen in detail:

***If your domestic animal has been exposed to a potentially rabid animal,
seek veterinarian attention immediately.
A veterinarian will assess the risk and decide if vaccination is necessary.***

6 NUISANCE WILDLIFE CONTROL OPERATORS, RABIES RESPONSE OPERATORS, DEPT. OF NATURAL RESOURCES AND ENERGY DEVELOPMENT, DEPT. OF PUBLIC SAFETY SUBMITTERS ONLY

Were you contacted by Telecare-811 to retrieve the specimen? No Yes

If yes, date contacted (dd/mm/yy): _____ Time (hour am/pm): _____

Date retrieved (dd/mm/yy): _____ Date delivered (dd/mm/yy): _____

Delivered to: _____

7 TEST RESULTS

Test results to be returned to (**check all that apply**):

- Submitter (Section 1)
- Owner of Animal (Section 2)
- Property Owner (Section 3)
- Person(s) in contact with animal specimen (Section 5)
- Owner(s) of domestic animal(s) in contact with animal specimen (Section 5)
- Other (for example public health officials, veterinarian, government staff, etc.)

Complete the following:

Name: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____ Email: _____

Telephone day: _____ evening: _____