

**ANIMAL SPECIMEN SUBMISSION FORM
FOR RABIES TESTING**

New Brunswick Provincial Veterinary Laboratory
850 Lincoln Road - Building 700A
PO Box 6000, Fredericton, NB E3B 5H1
Phone (506) 453-5412 Fax (506) 457-4819



SECTION 1: SUBMITTER INFORMATION

Submitter Name: _____ Telephone: _____
Address: _____
City/Town: _____ Province: _____
Postal Code: _____ Alternative Contact: _____ Email: _____

SECTION 2: CLIENT INFORMATION (if not submitter)

Client Name: _____ Telephone: _____
Address: _____
City/Town: _____ Province: _____
Postal Code: _____ Alternative Contact: _____ Email: _____

SECTION 3: ANIMAL SPECIMEN INFORMATION

Animal species: _____ Location of animal being submitted for testing:
 Submitter Address (section 1) Client Address (section 2)
 Other location, complete the following:
Address: _____ City/Town: _____
Province: _____ Postal Code: _____
Property Owner Name (if applicable): _____
Telephone: _____ Alternative Contact: _____ Email: _____
If possible, provide latitude/longitude coordinates in degree decimals (for example: 45.987654, -66.345678):
Latitude: _____ Longitude: _____

SECTION 4: COMMUNICATION OF ANIMAL SPECIMEN TEST RESULTS

Who needs to be informed of the rabies test results, check all that apply:
 Submitter (Section 1) Client (Section 2) Property Owner (Section 3)
 Person(s) in contact with animal specimen (Section 6)
 Owner(s) domestic animal in contact with animal specimen (Section 7)
 Other (for example public health officials, veterinarian, government staff, etc.), complete the following:
Name: _____
Telephone: _____ Alternative Contact: _____ Email: _____
Name: _____
Telephone: _____ Alternative Contact: _____ Email: _____

SECTION 5: INCIDENT INFORMATION

Date of incident (dd/mm/yy): _____
Details of incident (what happened and why does the animal need to be tested): _____

SECTION 6: INFORMATION ON HUMAN CONTACT(S) WITH ANIMAL SPECIMEN

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: _____

Telephone: _____ Alternative Contact: _____ Email: _____

Describe contact between animal specimen and person in detail: _____

Name of other person in contact with animal specimen: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____

Telephone: _____ Alternative Contact: _____ Email: _____

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.

SECTION 7: INFORMATION ON DOMESTIC ANIMAL CONTACT(S) WITH ANIMAL SPECIMEN

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: _____

Telephone: _____ Alternative Contact: _____ Email: _____

Describe contact between domestic animal and animal specimen in detail: _____

Name of other domestic animal owner: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____

Telephone: _____ Alternative Contact: _____ Email: _____

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.

SECTION 8: Nuisance Wildlife Control Operators, Rabies Response Operators, Dept. of Energy and Resource Development, Dept. of Justice and Public Safety SUBMITTERS ONLY

Submitter contacted by Telecare-811 to retrieve specimen?

No Yes, date contacted (dd/mm/yy): _____ Time (hour am/pm): _____

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

Delivered to: _____