CLEAR SUBMISSION PRINT

RABIES

☐ **STAT**
(may incur additional charges)
Reference # _____

VETERINARY DIAGNOSTIC LABORATORY
University of Illinois at Urbana-Champaign
2001 South Lincoln Avenue
Urbana, IL 61802-6178
Tel: (217) 333-1620 **Fax:** (217) 244-2439
Email: vdlreceiving@vetmed.illinois.edu
Website: https://vdl.vetmed.illinois.edu/

Accession # Lab Use

CLIENT INFORMATION

Account # _____
Clinic/Hospital _____
Referring Veterinarian _____
Address _____
City, State, Zip _____
Phone _____
Email _____
FEIN # _____
☐ New Client ☐ Account Updates

OWNER INFORMATION

Owner Name _____
Street Address _____
City, State, Zip _____
Phone _____ County _____

SPECIMEN INFORMATION

Specimen Submitted ☐ Brain ☐ Head ☐ Body
Bat ☐ Dead ☐ Alive
Remains ☐ Dispose by the Lab *(default is none selected)*
☐ HOLD for Pickup
Pick Up by _____
(Pick up within one week after receiving results)

Contract ONLY ☐ IDPH ☐ Cook County

ANIMAL INFORMATION

Species _____ ☐ Domestic ☐ Wildlife Breed (if dog) _____

Date Collected/Euthanasia/Death _____

Did Animal Display Symptoms of Rabies? ☐ Yes ☐ No ☐ Unknown

If Domestic Animal, Was Animal Vaccinated for Rabies? ☐ Yes, up to date ☐ Yes, not up to date ☐ No ☐ Unknown

LAB SUBMISSION REASON

☐ Bite from high-risk species = *neurologic animal, bat, raccoon, skunk, fox, groundhog or coyote*
☐ Saliva from high-risk animal into open wound or mucus membrane
☐ Bat in room with person sleeping or person/pet had physical contact with bat
☐ Bat in area with pet, small child, person with dementia or impaired individual
☐ Bat in house or public setting where anxiety is high and there is concern about people seeking PEP
☐ Neurologic animal that a veterinarian suspects could have rabies, even with no exposure to a pet or person
☐ Dog, cat, or ferret dying during the 10-day confinement after a bite
☐ Dog, cat, or ferret that cannot survive the 10-day confinement for humane reasons after approval from local health department
☐ Unprovoked bite from pet, after approval from local health department
☐ Other: Approved by local or state health department

VDL – Received By (Initials)

EXPOSURE INFORMATION

Date of Exposure _____ ☐ Domestic Animal ☐ Human

Last Name _____ First Name _____ COUNTY _____

Street Address _____ City _____ Zip Code _____

Phone Number of Exposed _____ Phone Number of Pet Owner _____

Site of Exposure _____

Date of Exposure _____ ☐ Domestic Animal ☐ Human

Last Name _____ First Name _____ COUNTY _____

Street Address _____ City _____ Zip Code _____

Phone Number of Exposed _____ Phone Number of Pet Owner _____

Site of Exposure _____

Description of Exposure (bite, scratch, saliva, etc.)

VDL – Received By (Initials)

Specimen Preparation and Handling

- **Brain Removal**:
  - For whole body and head submissions, the **brain will be removed by our Receiving staff for a fee**.
  - If brain removal is performed by the submitting DVM, please **note that both the complete brainstem and cerebellum are required** for accurate testing.
  - Individuals performing removals must:
    - Be immunized against rabies.
    - Be properly trained in handling potentially infected animals.
    - Wear appropriate **personal protective equipment (PPE)** to avoid exposure.

Packaging Instructions

To prevent contamination, damage, or delay:

1. **Primary Container**:

- Use a sealed, watertight container.
- Heavy-gauge plastic bags are acceptable only if triple-bagged and leakproof.

2. **Absorbent Material**:

- Surround specimen containers with **adequate absorbent material** to contain leaks.

3. **Secondary & Outer Packaging**:

- Place the primary container inside a **rigid outer container**.
- Include **sufficient cold packs** to maintain refrigeration (**35°F / 1.6°C**).
- The shipping container must be labeled with: **UN3373 – Biological Substance, Category B.** Please contact your courier (e.g., FedEx, UPS) for additional information if needed.

4. **Important Notes**:

- **DO NOT** use dry ice.
- Multiple specimens may be shipped in one box **if refrigeration is maintained**.
- If immediate shipping is not possible, freeze the specimen to preserve tissue integrity - this is not preferred and can delay testing. **Do not freeze bats.**
- **Do not ship specimens to arrive on weekends or holidays.**
  Ship on Thursdays **only** if guaranteed overnight delivery is available.

Sample Quality Requirements

- **Frozen Samples**:
  - Samples received frozen will be **defrosted before testing**, which may cause delays.
- **Decomposed or Desiccated Samples**:
  - These may be unsuitable for testing.
  - Final determination is made by ILVDL Receiving and Virology staff in accordance with **CDC guidelines**.

Required Documentation

Every rabies submission sent to the ILVDL must be accompanied by **complete and legible paperwork**:

- Ensure all sections are filled out, including:
  - Species and exposure information (if applicable)
  - Submitting veterinarian's contact information
  - **An email address for test results**

Place submission forms outside the secondary container or seal them in a separate waterproof bag **inside the package** to prevent contamination.

Shipping Address:

UI Veterinary Diagnostic Laboratory
2001 S. Lincoln Ave
Urbana, IL 61802
Attn: Specimen Receiving

For questions call the ILVDL at (217) 333-1620 or IDPH at Springfield (217) 782-6562, Carbondale (618) 457-5131 or Chicago (312) 793-4746.