



**LABORATORY EXAMINATION REQUEST FORM
 (RABIES SAMPLE SUBMISSION)**

LABORATORY ACCESSION NUMBER: (for ADDRL) _____	DATE SUBMITTED: (mm/dd/yy) ____/____/____ TIME: _____ AM/PM
ORIGIN OF SAMPLES: Owner: _____ House No./ Street: _____ Barangay: _____ Municipality/City: _____ Province: _____ Tel. No.: _____ Email Address: _____	SUBMITTED BY: Name: _____ Address: _____ _____ Tel. No.: _____
	SPECIMEN TYPE: <input type="checkbox"/> WHOLE CARCASS <input type="checkbox"/> HEAD <input type="checkbox"/> BRAIN <input type="checkbox"/> Others: _____

ANIMAL PROFILE

Residence of the animal for the last 3 months:
 Species: _____ Breed: _____ Sex: _____ Age: _____ (months)

Type of Ownership:
 Household Pet Pet of Neighbor Stray Animal
 Farm Animal Others (specify) _____

Pet Management:
 Confined Leashed Freely roaming
 Occasionally roaming Others _____

Contact with other animals? Yes No
 If yes, Where: Household Neighborhood Others (specify)

Vaccination History:
 Rabies Others: _____
 Type: _____ Type: _____
 Date of Last Vaccination: (mm/dd/yy) ____/____/____ Date: (mm/dd/yy) ____/____/____

Bitch Vaccinated? (For puppies 3 months and below) Yes No
 If yes, Date of Last Vaccination: _____

If sick, duration of illness: from ____/____/____ to ____/____/____

Cause of Death:

<input type="checkbox"/> Euthanasia	Date: _____	Time: _____	AM/PM
<input type="checkbox"/> Illness	Date: _____	Time: _____	AM/PM
<input type="checkbox"/> Accident	Date: _____	Time: _____	AM/PM
<input type="checkbox"/> Others	Date: _____	Time: _____	AM/PM

<p>Behavioral Changes</p> <input type="checkbox"/> None <input type="checkbox"/> Restlessness <input type="checkbox"/> Apprehensive watchful look <input type="checkbox"/> Unprovoked aggressiveness <input type="checkbox"/> Aimless running <input type="checkbox"/> Eating inanimate objects <input type="checkbox"/> Drooling saliva <input type="checkbox"/> Paralysis: <input type="checkbox"/> Hindleg/ Foreleg <input type="checkbox"/> Jaw/ Tongue	<p>Other signs of Illness</p> <input type="checkbox"/> None <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Inappetence <input type="checkbox"/> Jaundice <input type="checkbox"/> Skin lesions <input type="checkbox"/> Lethargy/ weakness <input type="checkbox"/> Nasal/ Ocular discharge <input type="checkbox"/> Convulsion/ Seizures <input type="checkbox"/> Others (specify) _____
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PURPOSE

Diagnostics Surveillance Disease Investigation Others (specify)



VICTIM PROFILE

Name: _____ Age: _____ Sex: _____
Address (Pls. include Brgy.) _____
Date of Bite: _____ Time of Bite: _____ AM/PM

Site of Bite

- Head Upper Extremity
 Trunk Back
 Lower Extremity Others (specify) _____

Nature of Bite

- Scratch Multiple
 Single Bad
 Moderate Severe

Bite Provoked? Yes No If yes, explain _____

Treatment Received: Anti- Rabies Type _____ Date Received: _____
 Anti- Tetanus Type _____ Date Received: _____
 Others (specify) _____ Date Received: _____

REVIEW OF REQUEST

Retrieval of samples/carcass will not be allowed once received by the laboratory for the purpose of biosafety and biosecurity.

Conforme: _____

Receiving Staff

Client

GUIDELINES FOR RABIES SPECIMEN SUBMISSION

Specimen Requirements

- Specimen that was not preserved 6 hours or more after death can be accepted but will be further assessed for fitness/quality prior to testing.
- Whole carcass, decapitated animal head, whole brain or at least 1x1 centimeter cross-section of brainstem and cerebellum, as fresh as possible, can be accepted for testing. [NOTE: A trained, qualified person equipped with Personal Protective Equipment (PPE) must decapitate the animal head and/or collect the brain tissue.]
- Samples which cannot be transported/shipped to the laboratory immediately, can be preserved at refrigerated temperature (4°C±2) for whole carcasses and animal head, or using 50% glycerol solution for brain tissue.
- **DO NOT FIX NOR PRESERVE USING FORMALIN OR ALCOHOL SOLUTION.**
- **DO NOT SUBMIT LIVE ANIMALS.**

Packaging and Transport

- Place specimen in two layers sealable leak-proof containers or plastic bags. Place the double-enclosed specimen inside a container (ex. styrofoam box).
- Place frozen gel packs in the container. Ensure samples are maintained in cool temperature for 48 hours. Use of ice is not recommended but if used, place it on a double-bag and seal to prevent leakage. **DO NOT USE DRY ICE.**
- Use absorbent packing material, such as newspaper or paper towels, to cushion the specimen and to absorb condensation or potential leaks. Close the container and secure it with packaging tape.

Testing Schedule and Routine Turnaround Time

- Regular sample submission is from Monday to Friday at 8:00 AM to 5:00 PM, except for local and national holidays.
- Cut-off time for processing of rabies samples is 2:00 PM. Specimen received later than the cut-off time will be preserved and processed on the next working day.
- Outside regular submission hours, well-packed samples can be submitted to the laboratory assisted by the security personnel. These samples will be officially logged and processed on the next working day.
- Results are available after one (1) to two (2) working days from the date of testing. It will be sent thru e-mail, short message service, phone call or will be available for pick-up at the laboratory.

Fee

- Rabies Direct Fluorescence Antibody testing is free until December 2025 (see A.O. 39, S2020)

ADDRL has the right to reject samples from clients not complying with standards provided in this guideline. Forms can be downloaded at <https://bai.gov.ph/index.php/service-forms-downloads/vld-service-forms>. If you have additional inquiries, please call the Bureau of Animal Industry - Animal Disease Diagnosis and Reference Laboratory at 8528-2230 / 0916-4320158 / 0939-3918276 or email addr1@bai.gov.ph.