

**RABIES TEST REQUISITION FORM**

**\*Required Field**

<u>SUBMITTER INFORMATION</u>	<u>LABORATORY USE ONLY</u>
<p><b>Facility Name*</b>: _____ <small>(Include full facility name)</small></p> <p>_____</p> <p>_____</p> <p><b>Telephone Numbers:</b></p> <p style="padding-left: 40px;">Weekday: _____</p> <p style="padding-left: 40px;"><b>Weekend/Afterhours*</b>: _____</p> <p><b>Send Report To:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Date Received: _____ Condition: _____</p> <p>Specimen No.: _____ Branch: _____</p> <p style="text-align: center;"><b><u>RESULTS</u></b></p> <p>FRA Test: _____</p> <p>Date Reported: _____</p>

**ANIMAL HISTORY**

Kind of Animal\*: \_\_\_\_\_ Animal ID: \_\_\_\_\_

Color\*: \_\_\_\_\_ Breed\*: \_\_\_\_\_ Stray\*  Pet\*

Symptoms\*: \_\_\_\_\_

Animal Killed\*  Found Dead\*  Date\*: \_\_\_\_\_

Animal Inoculated Against Rabies\*: Yes  No  Unknown  Date Inoculated\*: \_\_\_\_\_

Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City, State & Zip code: \_\_\_\_\_

Exposure\*: Human  Animal  Date\*: \_\_\_\_\_

Name\*: \_\_\_\_\_ Type of Exposure/Details\*: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**SHIPPING INSTRUCTIONS ON BACK**

**Rabies testing can be electronically ordered using Merlin. Print Merlin lab slip and send with specimen.**

<https://merlin.doh.ad.state.fl.us/MerlinCore/>

**Contact [merlin.helpdesk@flhealth.gov](mailto:merlin.helpdesk@flhealth.gov) with any questions.**

**DIRECTIONS FOR THE SUBMISSION OF ANIMAL HEADS**

- (1) The animal head should be shipped priority overnight, or hand delivered to the laboratory as soon as possible for a satisfactory examination. **DO NOT FREEZE HEAD.**
- (2) Place the animal head inside two thick plastic bags (bags should be thick enough to not allow any leakage of blood or other body fluids) or in one bag inside a water-tight container. Bags should be sealed in a manner as to not allow any liquid to escape. Place the wrapped head into a leak proof shipping cooler. Add enough frozen ice packs to maintain refrigeration temperature. Do not use dry ice, bagged ice, or wet ice.
- (3) The rabies test form with all required fields completed and bite report form should be placed in a water-tight bag. Attach bag to corresponding animal head in cooler.
- (4) Call or email the laboratory to advise the expected time of arrival, mode of shipment, and tracking number. In addition, enter the specimen into Merlin with the mode of shipment and tracking number.
  - a **Note:** Testing laboratory needs to be notified if there is a high priority weekend specimen in order to provide testing services.
- (5) **All positive, unsatisfactory, inconclusive, and high priority reports will be phoned to the health department. Weekend/afterhours telephone numbers must be provided on the Rabies Test Form for emergency contact related to testing and results.**

**Weekend Emergency Contacts**

**BPHL-Jacksonville**

Attn: Rabies Laboratory  
 1217 N. Pearl Street  
 Jacksonville, Florida 32202  
 Laboratory Phone: **(904) 791-1540**  
 Fax: (904) 791-1542  
 24/7 Telephone: (904) 253-0439  
 Amanda Davis (904) 891-0735  
 Email: [bphl.jacksonvillevirology@flhealth.gov](mailto:bphl.jacksonvillevirology@flhealth.gov)

**BPHL-Tampa**

3602 Spectrum Boulevard  
 Tampa, FL 33612  
 Phone: (813) 233-2282  
 Main: (813) 233-2203  
 Fax: (813) 233-2379  
 Gail Scilabro (813) 477-7233  
 Andrew Cannons (813) 956-8850  
 Email: [DLBPHL29TampaRabies@flhealth.gov](mailto:DLBPHL29TampaRabies@flhealth.gov)

**Emergency Rabies Testing Only**

**BPHL-Miami**

1325 N.W. 14th Avenue  
 Miami, Florida 33125  
 Phone: (305) 325-2536  
 Fax: (305) 325-2560  
 Elesi Quaye (305) 322-1488  
 Email: [DLBPHL13Rabies@flhealth.gov](mailto:DLBPHL13Rabies@flhealth.gov)

