



VETERINARY DIAGNOSTIC CENTER  
Rabies Submission Form

**Mailing Address:** P.O. Box 82646  
Lincoln, NE 68501-2646

**Phone:** 402-472-1434

**Delivery Address:** Room 230A NVDC  
4040 East Campus Loop North  
Lincoln, NE 68583-0907

**E-mail:** [vdc2@unl.edu](mailto:vdc2@unl.edu)

<https://vbms.unl.edu/nvdc>

Updated 05May2025

Office Use Only

**RA Number (if assigned):** \_\_\_\_\_

**Sequential Lab Number:** \_\_\_\_\_

**Accession Number:** \_\_\_\_\_

Date Rec'd \_\_\_\_\_ Case Coordinator \_\_\_\_\_

Date Results Faxed \_\_\_\_\_ Date Results Phoned \_\_\_\_\_

Invoice \_\_\_\_\_ Referral No. \_\_\_\_\_

**Submitter Name:** \_\_\_\_\_

**Owner/Complainant Name:** \_\_\_\_\_

**Clinic/Agency:** \_\_\_\_\_

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

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

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

Request faxed copy of results: Yes No Undo kvgt "E-mail Address: \_\_\_\_\_

**EXPOSING ANIMAL INFORMATION**

**Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Male** **Female** **Neutered** **Spayed**

**Ownership Status:** Owned Stray Unknown Wildlife (Does Not Apply)

**Animal Location:** Town: \_\_\_\_\_ County: \_\_\_\_\_ Specific Location: \_\_\_\_\_

Submitted Animal's Vaccination Status: Was the Current Not Current Unknown Does Not Apply

animal sick or acting strangely? No Yes If Yes, Complete Below

Signs of Rabies (All that Apply): Neurological Disorder Paralysis Difficulty Swallowing Drooling Aggression

Other (Describe): \_\_\_\_\_

**Date of Death:** \_\_\_\_\_

**Manner of Death:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**HUMAN EXPOSURE INFORMATION**

**Date of Incident:** \_\_\_\_\_ **City/Town of Incident:** \_\_\_\_\_

**Person Reporting Incident:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Type of Exposure:** Abrasion Bite Proximity (Bats) Saliva of Animal on Wound / Lesions / Mucosa Scratch

**Location of Wound:** Arm Head / Neck Leg Trunk Foot Hand Other: (Describe Below)

Detailed  
Description of  
Incident: \_\_\_\_\_

**Exposed Person Details**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Suffix:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Sex:** Male Female **DOB (mm/dd/yyyy):** \_\_\_\_\_ **Age:** \_\_\_\_\_

**ANIMAL EXPOSURE INFORMATION**

Was exposing animal in contact with a pet or domestic animal? No Yes (If Yes, Complete Below)

**If Yes:** Species: \_\_\_\_\_ Vaccination Status: Current Not Current Unvaccinated Unknown

**Owner Name:** \_\_\_\_\_ **Owner Phone:** \_\_\_\_\_

**Owner Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Sample Integrity: ☐ Good ☐ Autolyzed ☐ Broken ☐ Missing Initials \_\_\_\_\_

☐ Called Vet Date \_\_\_\_\_ Time \_\_\_\_\_ By \_\_\_\_\_ Comments \_\_\_\_\_



**University of Nebraska**  
**Veterinary Diagnostic Center**  
4040 East Campus Loop - North  
Lincoln, NE 68583-0907

**Phone:** 402-472-1434

**Email:** vdc2@unl.edu

**Please call the laboratory prior to submission of samples at 402-472-1434.**

### **Procedure for Submission of Rabies Specimen**

**Important consideration:** Healthy dogs, cats, and ferrets (regardless of vaccination status) that have bitten a person and are available for observation may be held for 10 days instead of tested as recommended by the Compendium of Animal Rabies Prevention and Control.

### **Specimen Preparation:**

- All animals are to be euthanized or have already died before submission.
- Ship only the decapitated animal head, unless it is a bat or small rodent.
- A trained, qualified person should separate the animal head from the body as soon as possible. For large animals, the whole brain should be removed from the skull before submission. **To adhere to the National Standard Rabies Protocol, the minimum sample is a cross-section of the brainstem and the cerebellum. Specimens without these tissues will be reported as "Unsuitable."**
- Immediately chill (do not freeze) the specimen(s) to between 32° and 45° F (e.g., place in a -20 freezer for 1-2 hours).
- **FREEZING THE SAMPLE MAY DELAY TESTING.** Samples must thaw before commencement of testing.

### **Instructions for Packaging and Shipping:**

- Place each specimen within two seal-able containers (i.e., a primary plastic bag or container and a secondary plastic bag or container sealed securely to contain any fluid). Remove excess air from bag(s) to prevent jostling during shipment.
- Attach identification matching the submission form information to the outside of each double-enclosed specimen. This is essential if more than one specimen per package.
- Place double-enclosed specimen(s) inside an inner container, such as a Styrofoam box.
- Use absorbent packing material, such as newspaper or paper towels, to cushion the specimen(s) and to absorb condensation or potential leaks.
- Place frozen cold packs in the inner container to ensure samples are completely surrounded and will remain cold for at least 48 hours. **DO NOT USE DRY ICE!** If wet ice is used (not recommended), double-bag and seal securely to prevent leakage.
- Close the inner container and place it inside the rigid outer container (cardboard box).
- Place completed rabies submission form(s) in a plastic zip-lock bag. Then place these on top of the closed inner container/box, close the outer container, and secure the outer container with packing tape.
- **Print the shipping label at your site using UPS EZ-Ship.** A diamond-shaped UN-3373 label on the exterior of the outer container near the "Biological Substance, Category B" statement in the "send to" address is required. The UN-3373 label must have a minimum dimension of 100 mm x 100 mm (3.9 inches). Acceptable labels can be purchased from Therapak®: [https://www.therapak.com/catalog/category\\_b](https://www.therapak.com/catalog/category_b)
- If the package is sent overnight through the United States Postal Service (USPS), the sample(s) may be labeled Exempt Animal Specimen. For Saturday delivery, submissions must be sent via United States Postal Service to the P.O. Box mailing address below (Saturday delivery for UPS shipments is not available).



### **USPS Mailing Address:**

UNL Veterinary Diagnostic Center  
P.O. Box 82646  
Lincoln, NE 68501-2646

### **Shipping Delivery Address:**

UNL Veterinary Diagnostic Center  
Room 230A NVDC  
4040 East Campus Loop North  
Lincoln, NE 68583-0907

The Nebraska Department of Health and Human Services (NDHHS) as well as the submitting veterinarian or agency will be contacted if a positive or unsuitable specimen is confirmed. When specimens are received by 12:00 pm weekdays, results are normally available by 4:30 pm. Laboratory hours are Monday-Friday, 8:00 am to 5:00 pm, excluding State Holidays.

The Compendium of Animal Rabies Prevention and Control and the Advisory Committee on Immunization Practices provide guidance that administration of rabies post-exposure prophylaxis is a medical urgency, not a medical emergency. Submissions received on Saturday will be tested the next working day. There is no routine testing on Sundays or holidays if the following day is a business day. The need for emergency testing will be evaluated on a case-by-case basis and arrangements **MUST** be made by telephone in advance by calling the NDHHS Rabies Program at (402) 471-2937.

An updated listing of Nebraska animal rabies cases is available from NDHHS at: <http://dhhs.ne.gov/Pages/Rabies-Data.aspx>