**ICMR-NATIONAL INSTITUTE OF VIROLOGY**
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# REQUEST FORM FOR RABIES TESTING (ANIMAL SAMPLES)

| **Identification details** | | | |
|---|---|---|---|
| **Name of the animal (if a pet):** | | **Age:** ___*years*_ __*months* | **Gender:** *Male* □ *Female* □ *Unknown* □ |
| **Species:** | **Breed:** | **Microchip No. (for pets):** | **Other Identification No. (Specify):** |
| **Owner's name and address:** | | | |
| **Contact No.:** | | **Email address:** | |
| **Referring veterinarian's/hospital's name:** | | | |
| **Contact No.:** | | **Email address:** | |
| **Purpose of testing** | *Laboratory confirmation of rabies* □ | | *Evaluation of seroprotection* □ |
| **Rabies vaccination status of the animal** | *Vaccinated* □ | *Unvaccinated* □ | *Unknown* □ |
| **If vaccinated, details of vaccination** | *Type of rabies vaccine:* | | |
| | *Date of vaccination:* | | |
| **Brief clinical history (for post-mortem testing)** | | | |
| **Exposure history:** | *Contact with humans* □ | | *Contact with other animals* □ |

| **Details of specimens submitted** | | | | |
|---|---|---|---|---|
| *Sl. No.* | *Type of specimen (Please tick the relevant option)* | *Date of collection* | *Test requested* | *Specimen ID (ICMR-NIV) (To be filled by laboratory)* |
| 1 | Serum | | RFFIT □ | |
| 2 | Brain tissue | | FAT □ PCR □ | |
| 3 | Others (specify) | | | |

| **For Laboratory Use Only** | | | |
|---|---|---|---|
| **Date of receipt of samples:** ___/__/20__ | **Time of receipt:** ___:___ *HRS* | | **Received by:** |
| **Quality Control Check** | *Pass* □ | *Fail* □ | *If failed, reason:* _____ |
| **Date of testing:** _ __/__/20__ | **Tests done:** | *Real-time RTPCR* □ *SNRTPCR* □ *FAT* □ *RFFIT* □ | |
| **Date of issuing test report:** ___/__/20__ | | *Others (Specify):* | |

**Note:**

- *Please refer to the **Guidelines for Sample Collection, Storage, Packaging and Transport of Clinical Specimens for Rabies Testing**, available in our website (under **'Current Activities' → 'Services/Outbreak Investigations'**).*
- *For queries related to specimen submission and testing, please contact the **Encephalitis Group (+91-20-26006807/893)**, **Virus Registry (+91-20-26006231) or Reception (+91-20-26006890/290)** at ICMR-National Institute of Virology, Pune, or email us in **encephalitisgroup2016@gmail.com**.*

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## Informed Consent Form

I have been explained that the clinical samples of the animal named (**Species**: _____; **Breed**: _____; **Microchip/Identity No.:** _____) **aged** _____ **years**____**months** are being submitted to the ICMR-National Institute of Virology, Pune, for laboratory testing for rabies/evaluation of seroprotection against rabies.

I hereby **give / do not give** (*strike off whichever is not relevant)* my full consent to the ICMR-National Institute of Virology, Pune, Maharashtra, to preserve the remainder of the clinical samples for

*(Please tick one or both the options below)*

1. *Additional testing/preparation of sample panels for Quality Control testing/ Validation of Diagnostic Tests* ☐
2. *Research studies aimed at generating new knowledge about rabies and/or other infectious diseases, public health or clinical medicine, development of new diagnostic tests etc.* ☐

*after due approval from the Institutional Animal Ethics/Biosafety Committees and/or other competent authorities, and maintaining full confidentiality of the animal's and owner's identity.*

| _____ | _____ | _____ |
|---|---|---|
| *Date* | *Name of the person signing the consent* | *Signature /thumb impression of the person* |