

Rabies Testing Submission Form

Instructions for Submitter: Use this form to submit animal specimens for rabies testing. Complete sections I, II and III below. Submit animal head in double heavy-duty plastic bags.

Species Specific Requirements:

Wild animals, dogs, cats, and other domestic animals:

- Decapitate (or arrange with a veterinarian to decapitate) and submit the head.

Bats:

- Submit bats whole. Euthanize bats unless it cannot be performed without risk of escape of the bat or without risk of rabies exposure to the person performing the euthanasia. Ideally, arrange with a pest control company or veterinarian for euthanasia.
- When euthanasia cannot be performed, submit live bats in a small, clear plastic, and well-sealed container in a manner that the bat can be seen within the container. Also, place the container within a leak-proof bag. Make small ventilation holes in the container so the bat can breathe and conspicuously mark the container with "CAUTION-Live Bat".

Deliver to the Rhode Island State Health Laboratories 8:30 AM-4:30 PM, Monday through Friday (excluding holidays). RIDOH staff will provide results by telephone (usually within three business days).

- Contact the Rhode Island Water Microbiology and Rabies Lab (401-222-5588) for submission questions.
- Contact the RIDOH Center for Acute Infectious Disease Epidemiology (401-222-2577) for human exposure case management questions.
- Contact the Rhode Island State Veterinarian (401-222-2781) for animal exposure case management questions.

For testing, the following information must be included on the specimen container:

- Record ID of submission form. The Record ID can be found towards the top of the submission form.

AND one or more of the following identifiers:

- Name of exposed person
- Address of exposure
- Wildlife Rehab ID Number
- DEM/ACO Case Number

Response was added on 08-14-2025 12:23.

Record ID (autogenerated) 568

I. Submitter Information

Fields with an * must provide value

*Name: Christopher boudreau
 *Organization (if applicable): big blue bug solutions
 *Street: 161 O'Connell st *City: Providence _____ *State: Rhode Island *Zip Code: 02907
 *Phone Number: (401) 941-5700
 Email: militarypolice121703@yahoo.com
 Are you completing this form at RISHL receiving? No
 [drop_site_descript] No
 [drop_loc_descript] _____

Is this specimen being submitted by a courier? Yes No

II. Specimen Information

Animal Species (Type):

* must provide value

Bat _____

Ownership Status:

* must provide value

Wild _____

Wildlife Rehab ID Number (if applicable): _____ Law Enforcement Incident Number (if applicable): _____

If bat, note species:

- Big Brown Bat Eastern Pipistrelle
- Hoary Bat Little Brown Bat
- Northern Long-eared Bat
- Other Small-footed Bat
- Silver Haired Bat

Animal Owned (Y/N)

N

III. Exposure Information

*If exposure date is unknown, put today's date as the exposure date and include a note below.

All information is required for the first exposed person in this list.

Name of Person(s) and/or Pet(s) Potentially Exposed Phone Number Address of Exposure City of Exposure Date of Exposure

Jesse metcalf (401) 941-5700 101 friendship st Providence _____ 08-14-2025

Exposed County

Providence

Exposed State

Rhode Island

Please provide exposure details:

collected bat from 2nd floor confrence room near rafters

Delivered By:

Print Name: Christopher boudreau Signature: [signature] Date: 08-14-2025

IV. Lab Information and Test Results (For Lab Use Only)

Specimen ID #: 25-536 Central Services

Date/Time Received: 08-14-2025 13:41 Tech: NATALIA HERNANDEZ

Rabies Laboratory

Date/Time Received: 08-14-2025 14:04 Tech: kp

Results for Rabies: Negative [pos_popup]

Results Entered By: kp Date/Time: 08-16-2025 11:11

Reviewed By: sj Date/Time: 08-18-2025 09:42

Notes:

Spoke to big blue bug solutions.

Rabies Lab Form

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Survey Submission

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