ICMR-NATIONAL INSTITUTE OF VIROLOGY
20-A, Dr. Ambedkar Road, Post Box No. 11, Pune 411001, Maharashtra, INDIA
Tel: ICMR-NIV, Camp: +91-020-26127301/26006290; Fax: 26122669/26126643
ICMR-NIV, Pashan: +91-020-26006890; Fax: 25871895/25870640
Email: director.niv@icmr.gov.in; Website: www.niv.icmr.org.in

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*