



**TOWN OF BROOKLINE
DEPARTMENT OF PUBLIC HEALTH**

11 Pierce Street, Brookline, Massachusetts, 02445
Telephone: (617) 730-2300 Facsimile: (617) 730-2296
Website: www.brooklinema.gov

Dr. Swannie Jett, DrPH, MSc
Director of Public Health
& Human Services

July 22, 2020

BAT TESTING REQUESTS DURING COVID-19

We are approaching bat season in Brookline. If you have captured a bat in your home, rabies testing is available. The Brookline Department of Public Health is collecting bats which will be submitted to the state laboratory for analysis. Our staff will notify you with the results; results are reported as soon as possible but could be delayed during ongoing response to COVID-19.

Please follow these instructions:

- Place the specimen in a container or double-sealable, leak-proof bag. Store in the refrigerator until you can submit it for testing.
- Fill out the form below; include the names of any people or animals possibly exposed to the bat. Print out a copy of the form and securely attach it to the specimen.
- Contact the Brookline Department of Public Health (617) 730-2300 to alert staff you would like to drop off a bat.
- Bring the bat to the Public Health Department, 11 Pierce Street, Brookline, between the hours of 9am-3pm. When you arrive, leave the bat in the designated area outside the building (under posted sign) and call to alert the staff you have left the bat for testing.

If you have any additional questions about possible rabies exposure, please contact our public health nurse, Barbara Westley at bwestley@brooklinema.gov with questions or concerns. If you have not received results, please call our main line (617) 730-2300 (select option 2).

Thank you and stay safe,

Brookline Department of Public Health

Specimen Request Form for Rabies Testing
MA STATE PUBLIC HEALTH LABORATORY
305 SOUTH STREET
JAMAICA PLAIN, MA 02130-3597
Tel. 617-983-6385

MA SPHL Use Only - DO NOT WRITE HERE

- **All animals must be euthanized prior to submission. For most specimens, submit only the entire head.**
- Bats should be submitted whole, without removing the head.
- For large animals or those undergoing other diagnostic procedures, submission of the cerebellum and a complete cross-section of the brainstem is permissible.
- Failure to submit an acceptable specimen will result in an unsatisfactory specimen and no test result.
- **Specimens must be properly packaged to prevent leakage of contents and transported the same day or shipped overnight ONLY to maintain specimen quality.** Complete packaging and shipping instructions available at:
www.mass.gov/dph/rabies

Fully complete Sections 1-5:

1. PERSON COMPLETING THE FORM AND SENDING IN THE ANIMAL FOR TESTING This person will be contacted with the result. For negative results, this person will be responsible for contacting any individual who needs to be made aware of the negative test result.		2. PERSON WHO FOUND ANIMAL OR ANIMAL OWNER	
Name: Brookline Department of Public Health		Name:	
Address: 11 Pierce Street		Address:	
City/Town: Brookline State: MA Zip code: 02445		City/Town: State: Zip code:	
Phone number: (617) 730-2300 or 617-730-2320		Phone number: ()	
3. INFORMATION ON THE ANIMAL BEING TESTED			
Species _____ Death date ____/____/____	Reason for rabies testing: <input type="checkbox"/> Human exposure <input type="checkbox"/> Pet exposure <input type="checkbox"/> Acting sick Vaccination History <input type="checkbox"/> Rabies vaccinated (____/____/____) <input type="checkbox"/> Not rabies vaccinated (not current) <input type="checkbox"/> Unknown	Location where animal was found: Street: _____ City/Town & State: _____	Cause of Death: <input type="checkbox"/> Natural Causes <input type="checkbox"/> Euthanasia (Specify method: _____)
4. INFORMATION ON PERSON EXPOSED BY ANIMAL BEING TESTED If the animal submitted tests positive for rabies, this person will be contacted directly by MDPH.		5. INFORMATION ON ANIMAL EXPOSED BY ANIMAL BEING TESTED If the animal submitted tests positive for rabies, the owner listed will be contacted directly.	
<input type="checkbox"/> Exposure date: ____/____/____	<input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Other _____	Exposure date: ____/____/____ Name of Animal or Description: _____ Species: _____	
Name		Name of Owner:	
Address:		Address:	
City/Town State Zip Code		City/Town State Zip Code	
Phone Number: ()		Phone Number: ()	
<input type="checkbox"/> Multiple human exposures (include on reverse side)		<input type="checkbox"/> Multiple animal exposures (include on reverse side)	
6. - DO NOT WRITE HERE-			
Specimen Accession Number: _____		Date Specimen Received: ____/____/____	
Date Tested: ____/____/____		Test Results: <input type="checkbox"/> Positive (rabid) <input type="checkbox"/> Negative (not rabid) <input type="checkbox"/> Unsatisfactory	
Date Result Generated: ____/____/____		Person Interpreting the Result: _____	
Date Notified: ____/____/____		Person/Agency Notified: _____	
Notified by: _____		<input type="checkbox"/> Spoke with person <input type="checkbox"/> Left message Comments: _____	