



**NH PUBLIC HEALTH LABORATORIES**  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 29 Hazen Drive, Concord, NH 03301  
 Telephone: 603-271-4661, Fax: 603-271-2138  
**VETERINARY ABROVIRAL TEST REQUISITION**



<https://www.dhhs.nh.gov/programs-services/population-health/public-health-laboratories>

**VETERINARIAN – SUSPECT EEE/WNV TESTING INFORMATION**

Requesting Agency:  NH DVL  BIDC  DA  Other:

<p><b>SUBMITTER INFORMATION – please print legibly</b></p> <p>Veterinary facility name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Tel: _____ Fax: _____</p> <p>Veterinarian (full name): _____</p>	<p><b>SPECIMEN INFORMATION</b></p> <p>Date of Collection: _____</p> <p>Time of Collection: _____</p> <p>Site/Source (please check):</p> <p><input type="checkbox"/> Brain stem tissue (preferred)</p> <p><input type="checkbox"/> Cerebral spinal fluid (CSF)</p> <p><input type="checkbox"/> Other: _____</p>
<p><b>ANIMAL OWNER INFORMATION</b></p> <p>Animal owner name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Tel: _____</p>	<p><b>CONTACT BUREAU OF INFECTIOUS DISEASE CONTROL (BIDC) FOR WILD AVIAN REQUESTS</b></p> <p><b>603-271-4496</b></p> <p>For further technical information regarding diagnostic testing, please call Rebecca Lovell, Arbovirus/Emergency Response Unit, at 603-271-0280.</p>
<p><b>ANIMAL BOARDING INFORMATION (if different from owner)</b></p> <p>Animal name: _____</p> <p>Species: <input type="checkbox"/> Equine <input type="checkbox"/> Other: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Tel: _____</p>	<p><b>COMMENTS</b></p>
<p><b>ANIMAL VACCINATION STATUS</b></p> <p>EEE <input type="checkbox"/> Yes; Date vaccinated: _____ <input type="checkbox"/> NO <input type="checkbox"/> Unk</p> <p>WNV <input type="checkbox"/> Yes; Date vaccinated: _____ <input type="checkbox"/> NO <input type="checkbox"/> Unk</p> <p>Rabies <input type="checkbox"/> Yes; Date vaccinated: _____ <input type="checkbox"/> NO <input type="checkbox"/> Unk</p>	
<p><b>ANIMAL TRAVEL HISTORY (last 30 days)</b></p>	
<p><b>ANIMAL CLINICAL HISTORY</b></p> <p>Date of onset of symptoms: _____</p> <p>Date/time of death: _____</p> <p>Other relevant information:</p>	