



**SPECIMEN SUBMISSION FORM
FOR CATEGORY 3 BATS
Australian Bat Lyssavirus Testing**

VIROLOGY
Queensland Health
Scientific Services
39 Kessels Road
Coopers Plains 4108
Ph: 30009179

Public Health Unit Telephone:

This form is for the submission of only those bats which have bitten and or scratched someone (Category 3). All other sick or injured bats should be submitted to the Department of Primary Industries for testing if necessary.

1. Enclose this form in the transportation esky with, but separate from the animal.
2. Advise QH Scientific Services of proposed transportation and ETA of the animal.

PERSON BITTEN / SCRATCHED

Name:
First name Surname

Date of birth: / / Home Telephone: Mobile:

Address:
 Postcode:

EXPOSURE DETAILS

Type of Bat: Flying Fox *specify* Microbat *specify*

Euthanased: Yes Date / / Time

Found Dead: Yes No Unknown

How long dead: < 4 hours Unknown

Type of Exposure: Bite Scratch Other *specify*

Time of Exposure: Date / / Time

Circumstances of Exposure:

Location:

Behaviour: Injured Paralysed Docile Aggressive Unknown Other *specify*

How exposure occurred:

SUBMITTERS DETAILS

Name:
First name Surname

Organisation: Telephone: Mobile:

Address:
 Postcode:

TRANSPORTATION DETAILS

Dead bats should be kept refrigerated at 4°C (not frozen) and should be transported to FSS as soon as possible. The dead bat should be sealed in a bag and separated from cooler blocks by bubble wrap during transport.

Company: Consignment Note Number:

ETA of arrival at QH Scientific Services: Date / / Time

FSS use only

Auslab/UR number: Lab Number:

Sample arrived at Lab: Date / / Time