



Our vision:

To excel as a science-based regulator, trusted and respected by Canadians and the international community.

Our mission:

Dedicated to safeguarding food, animals and plants, which enhances the health and well-being of Canada's people, environment and economy.

Key Learning Points

- Data Entry into Form and Submission Process
- Email notifications
- Who to contact for support
- What to do in case of error in submitted data

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RABIES TESTING AT THE CFIA: COMPLETING THE ELECTRONIC SUBMISSION FORM



SUMMARY OF PROCESS

DISEASE INVESTIGATION

- Province/Territory is notified of possible human and/or domestic animal exposure(s) to suspect rabid animal;
- Complete disease investigation; if diagnostic testing is required, collect the required samples.

ELECTRONIC FORM SUBMISSION

- Complete the fillable pdf Rabies Sample Submission Form and submit it electronically; if the transmission is successful, the "Date Form Submitted" field will be populated and a Reference Number will appear at the bottom of the form; CFIA will send an email notification that the electronic submission is received.

PACKAGING AND SHIPMENT TO LAB

- Print a copy of the completed form to send with shipment. Package samples, include printed copy of form; and arrange for shipment to CFIA.

TESTING AND REPORTING OF RESULTS

- When the sample is received at CFIA, an email notification will be sent to the submitter indicating the sample is "Under Test".
- The laboratory will verify the animal species and sample ID against the data submitted; if discrepancies are encountered they will be checked with submitter and corrected prior to result authorization.
- CFIA conducts diagnostic testing and authorizes release of test results.
- CFIA reports POSITIVE and UNFIT FOR TESTING results by phone to submitter listed on Rabies Sample Submission form, if time permits.
- Official "Report of Analysis" for all samples will be emailed to all email addresses provided by submitter on the form.

COMPUTER SYSTEM REQUIREMENTS

- Internet connection, High Speed or Dial up.
- Adobe Reader version 9 or higher. Free download is available at: <http://get.adobe.com/reader/otherversions/>
- Operating System: any operating system, as long as it can run Adobe Version 9. The hardware requirements are listed at the adobe web site: <http://www.adobe.com/ca/products/reader/tech-specs.html>
- Form size will be about 124K. Submitting data over dial-up should take a very short time. The data that are uploaded are minimal.



IMAGE OF THE FORM

		Canadian Food Inspection Agency / Agence canadienne d'inspection des aliments		<input type="button" value="Go to first empty field"/> <input type="button" value="Submit"/> <input type="button" value="Clear"/> <input type="button" value="Print"/>		PROTECTED A when completed	
RABIES SAMPLE SUBMISSION						For Laboratory Use Only	
						Laboratory Number	
Date Form Submitted		Date Shipped (required)		Laboratory (required)		Date Received	
Animal Sample Information (required)							
Animal Species		Specify Species				Sample ID	
Suspect Animal Disease History <input type="radio"/> Disease Symptoms <input type="radio"/> Other (Specify in Comments)						Preservative <input type="radio"/> Fresh <input type="radio"/> Other (Phone Laboratory)	
Animal Sample Location (Georeferenced Coordinates) (required)							
Latitude		Longitude		Province		City	
Exposure Information (Minimum WHO Category II) (required)							
Human Exposure?		Type of Exposure			Part of Body Exposed		
<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Open Wound <input type="checkbox"/> Mucous Membrane			<input type="checkbox"/> Limb <input type="checkbox"/> Neck/Head <input type="checkbox"/> Torso <input type="checkbox"/> Other (Specify in Comments)		
Domestic Animal Exposure?		Exposure			Domestic Animal Species Exposed		
<input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/> Evidenced? <input type="checkbox"/> Suspected?					
Submitter Comments							
Affected Party (e.g. Domestic Animal Owner, Person Who Reported Wildlife Exposure) (required)							
Initials		City				Province	
Intermediary Party (e.g. Animal Health Laboratory, Hospital, Humane Society, Veterinary Clinic)							
Name						City	
Province		Telephone No.		Extension No.		Email Address	
Submitter Information (required)							
Name				Employer			
Primary Email Address			Other Email Address			Other Email Address	
City		Province		Telephone No.		Extension No.	Cellphone No.
For Laboratory Use Only							
Sample Condition <input type="checkbox"/> Good <input type="checkbox"/> Poor				Wildlife Surveillance Sample <input type="radio"/> Yes <input type="radio"/> No			
Test		Result			Date Phoned	Initials	
<input type="checkbox"/> Fluorescent Antibody (FAT)		<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Unfit			
<input type="checkbox"/> Other (Specify Below)		<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Unfit			
Laboratory Comments							
Result Entered		Result Authorized		Reference Number			

The information you provide on this document is collected by (for) the Canadian Food Inspection Agency under the authority of Health of Animals Act. Personal information will be protected under the provisions of the Privacy Act and will be stored in Personal Information Bank CFIA/PPU 050. Information may be accessible or protected as required under the provisions of the Access to Information Act.
 CFIA / ACIA 2908 (2013/12)
 LSTS-2908-E-V1





INSTRUCTIONS FOR DATA ENTRY

Data fields in sections on the form marked “required” must be completed.

Laboratory Number

Non-fillable field reserved for laboratory use only. A unique ID is assigned upon reception in the laboratory. The Laboratory Number has the format OLF-AH-Year-RA-##### or LET-AH-Year-RA-##### and will be used on all correspondence.

Date Form Submitted

Non-fillable field that will be populated automatically once the form is submitted electronically.

Date Shipped

Enter the date that the sample is given to the courier for transport to the laboratory. The format is Year (4 digits) Month (2 digits) Day (2 digits) (e.g. 20140123) or use the calendar box provided. *It is the responsibility of the submitter to: confirm information about the expected delivery time of the parcel to the laboratory; and to contact the courier if they do not receive an email notification that the parcel has been received.*

Laboratory

For animal samples, select Lethbridge for BC, AB, SK, MB, YK, NT, NU (Kivalliq and Kitikmeot regions), and ON (Thunder Bay and west) or select Ottawa for ON (east of Thunder Bay), QC, NB, NS, NL, PEI and NU (Qikiqtaaluk region). These are suggested regional boundaries. You may submit your sample to either laboratory depending on your courier service and cost.

Select Ottawa for all human and primate samples and for all samples that are formalin-fixed. Lethbridge does not process these types of samples and submission to this lab will delay test results.

Date Received

Non-fillable field reserved for laboratory use only. This is the date the sample is received at the laboratory.

Animal Species

Select from the drop-down list provided. For grouped categories (e.g., “Other Wildlife”) specify the species in the text box provided.

Specify Species

Enter the species if a grouped category was selected from the drop-down list (e.g., “Other Wildlife”). Use the common name and not the Latin name (e.g., muskrat). The laboratory will confirm the species identification if the head is provided.

Sample ID

Enter the unique sample identifier affixed to the actual sample (label, eartag, security seal, etc). Maximum 20 characters. Character choices are limited to: “A-Z”, “0-9”, spaces, dashes “-”, underscores “_”, and forward slashes “/”.

Suspect Animal Disease History: Disease Symptoms

Check “Disease Symptoms” if the animal has displayed clinical signs suggestive of rabies (e.g., unprovoked aggression, excessive salivation, paralysis, etc.).

Suspect Animal Disease History: Other Reasons

Check “Other Reasons” for samples submitted for any other reason requiring a test to rule out rabies infection. If “Other Reasons” is selected, specify the reasons in “Submitter Comments”.



Preservative: Fresh

Check this box if sample is fresh (i.e., not fixed). All samples preferably should be submitted fresh.

Preservative: Other (phone lab)

Select if sample has been fixed in formalin. Note: Samples intended for rabies diagnosis should NOT be fixed in formalin and all attempts should be made to locate samples from the animal that are fresh. If fresh samples are not available, phone the Ottawa Laboratory for further instructions.

Animal Sample Location: Latitude

Enter the latitude for the location of the animal (NOT the affected party or intermediary party) using decimal degrees format (##.#####). The range of values in Canada is 40.00000 to 85.00000. See page 14 for free websites to assist in obtaining co-ordinates.

Animal Sample Location: Longitude

Enter the longitude for the location of the animal (NOT the affected party or intermediary party) using decimal degrees format (##.#####). The range for values in Canada is -142.00000 to -52.00000. See page 14 for free websites to assist in obtaining co-ordinates.

Animal Sample Location: Province

Select the province/territory of the location of the animal from the drop-down list.

Animal Sample Location: City

Enter the name of the City of the location of the animal (NOT the affected party or the intermediary party).

Human Exposure?

If you suspect or know that human exposure has occurred, check "Yes". If "Yes" is selected, you must populate the boxes to describe the "Type of Exposure" and the "Part of Body Exposed".

Type of Exposure

Check the appropriate boxes to describe the type(s) of human exposure.

Part of Body Exposed

Check the appropriate boxes to indicate the part(s) of body exposed.

Domestic Animal Exposure?

Select "Yes" if the suspect animal exposed a domestic animal.

Animals for which there was not human or domestic animal exposure may still be submitted for testing, but testing is subject to cost-recovery.

Exposure: Evidenced or Suspected

Select "Evidenced" if the exposure was witnessed and/or there is evidence of direct contact with the suspect animal, such as a bite or scratch. Select "Suspected" if there is evidence suggestive of an exposure, such as finding a suspect rabid animal in the same building, paddock, kennel, run, or backyard, and its having the opportunity to interact with a domestic animal .



Domestic Animal Species Exposed

Select the exposed species from drop-down list provided. For grouped categories (e.g., "Other Livestock") specify the species in "Submitter Comments".

Submitter Comments

Use this field to enter information such as pertinent clinical history (e.g., duration of the illness, description of clinical signs); reasons for submission, condition of sample (e.g., shot in head, quills). This field is restricted to 234 characters.

Affected Party

This section refers to the owner of the domestic animal, the owner of the premises on which the wild animal was located, or the person who reported the potential exposure. These data are collected for quality assurance purposes.

Affected Party Initials

Enter the initials of the affected party (e.g., "Joe Smith" would be entered as "J.S.").

Affected Party City

Enter city of the affected party.

Affected Party Province

Select the province or territory from the drop-down list.

Intermediary Party Name (Optional)

Please specify the exact name of the Animal Health Laboratory, Hospital, Humane Society, Veterinary Clinic etc., if an intermediary was involved in the case. Include physician or veterinarian name if applicable.

Intermediary Party City (Optional)

Enter city of the intermediary party.

Intermediary Party Province (Optional)

Select the province or territory from the drop-down list.

Intermediary Party Telephone No. (Optional)

Please specify the telephone number if results are to be conveyed this party as well as the submitter. It is the submitter's responsibility to ensure that this information is correct. Format is 10 digits with no spaces, dashes or brackets. Note: Only positive or unfit results will be communicated by telephone.

Intermediary Party Extension No. (Optional)

Enter telephone extension number.

Intermediary Party Email Address (Optional)

Please specify the email address if results are to be conveyed to this party as well as to the submitter. It is the submitter's responsibility to ensure that this information is correct.

Submitter Name

Enter the full name of the submitter in following format: last name, first name.



Submitter Employer

Enter the name of your employer, e.g., government department, ministry, or agency; private veterinary clinic; Public Health Unit; etc.

Submitter: Primary Email Address

Please specify the email address that will be used for conveying information including results. It is the submitter's responsibility to ensure that this information is correct.

Submitter: Other Email Address (Optional)

Two additional email addresses may be entered. The report of analysis will be sent to these addresses as well as the primary address.

Submitter City

Enter the city of the submitter.

Submitter Province

Select the province or territory from the drop-down list.

Submitter Telephone No.

Please specify the telephone number to which results are to be conveyed. It is the submitter's responsibility to ensure that this information is correct. Format is 10 digits with no spaces, dashes or brackets. Note: Only positive or unfit results will be communicated by telephone. The laboratory will not leave messages on phones that do not have the physician's or veterinarian's name and/or organization in the recorded message.

Submitter Extension No. (if applicable)

Enter telephone extension.

Submitter Cellphone No. (Optional)

Please specify the cellular telephone number to which results are to be conveyed. It is the submitter's responsibility to ensure that this information is correct. Format is 10 digits with no spaces, dashes or brackets. Note: Only positive or unfit results will be communicated by telephone. The laboratory will not leave messages on phones that do not have the physician's or veterinarian's name and/or organization in the recorded message.

Sample Condition: Good

This is a non-fillable field reserved for laboratory use only. Samples which are received in fresh condition (not decomposing) and with all the necessary sections of the brain available for testing (brain stem, hippocampus, cerebellum) will be declared good. Sample condition will be shown on the Report of Analysis.

Sample Condition: Poor

This is a non-fillable field reserved for laboratory use only. Samples which are received which are decomposing, desiccated, infested with maggots, skull has been crushed/shot, or lacks all the necessary sections of the brain will be declared poor. Sample condition will be shown on the Report of Analysis.

Wildlife Surveillance Sample

This is a non-fillable field reserved for laboratory use only to record samples submitted under pre-arranged surveillance testing agreements.



Test: Fluorescent Antibody

This is a non-fillable field reserved for laboratory use only to record the result of testing. The Fluorescent Antibody test is the standard test used to diagnose rabies. The result will be reported as Positive, Negative, or Unfit. The test name and result will be shown on the Report of Analysis.

Test: Other (specify below)

This is a non-fillable field reserved for laboratory use only to record the result of testing. Either the Immunohistochemistry or RT-PCR will be used to diagnose rabies. The result will be reported as Positive, Negative, or Unfit. The test name and result will be shown on the Report of Analysis.

Laboratory Comments

This is a non-fillable field reserved for laboratory use only. Any comments will be shown on the Report of Analysis. Typically, reasons for declaring a sample poor, or for a test result of "Unfit", are recorded here.

Results Entered By

This is a non-fillable field reserved for laboratory use only. This field is not shown on the Report of Analysis.

Results Authorized By

This is a non-fillable field reserved for laboratory use only. This will be shown on the Report of Analysis.

Reference Number

This is a non-fillable field reserved for laboratory use only. This will be shown on the Report of Analysis.

Once data entry has been completed, and the information has been verified, click the "Submit" button.

Field content validation is performed by the Rabies PDF form. If errors are detected, the relevant fields are highlighted. Correct or supply the necessary data and press "Submit" again.

When the Reference Number and System Date are displayed on the form, print a copy of the Form to include with the specimen.

DETAILED INSTRUCTIONS FOR ELECTRONIC SUBMISSION FOR RABIES FORM LSTS-2908-E V.1 2014/4

- 1) All information must be entered by the submitter. Some data fields are mandatory (form will not be able to be submitted until these are complete), others are optional. The mandatory sections are marked by “required” on the form. As well, mandatory fields can be highlighted in red by selecting “Highlight Existing Fields” at the top of the form.

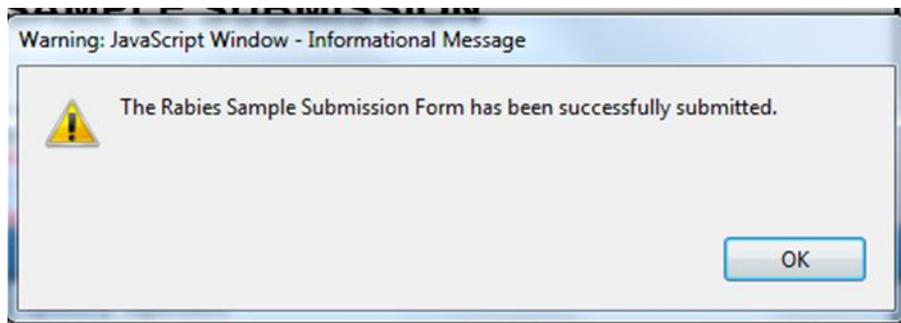
NOTE: If you wish, you may save a copy of the form, populated with the Submitter Information, to use as a template for future submissions.

- 2) Once data entry has been completed, and the information has been has verified, click the “Submit” button.
- 3) Field content validation is performed by the Rabies PDF form.

NOTE: If errors are encountered, the fields are highlighted. Correct or supply the necessary data and resubmit. Consult the Instructions for Data Entry listed in the previous pages for assistance.

- 4) The Rabies PDF form will send the data electronically to CFIA.

If the data are successfully transferred, the following pop-up box will be displayed:



Press “OK” and the form will be populated with a unique Reference Number, and the Date Form Submitted. Print the form for submission with the sample.

NOTE (1): If there is a problem communicating with the CFIA, or the request times out, the following error message will display on the Submission Form:

The Rabies Sample Submission Form from <SUBMITTER NAME>, <SUBMITTER CITY>, <SUBMITTER PROVINCE> for sample <SPECIES>, <SAMPLE ID> is unable to be entered into the CFIA Laboratory Sample Tracking System at this time. Please try again in two hours.

At this point, the Submitter may still print the form and ship the sample to the laboratory if necessary to meet shipping schedules, and try the electronic submission again in two hours.



NOTE (2): If the form version is not valid, the following error message will be displayed by the Submission Form:

The Rabies Sample Submission Form from <SUBMITTER NAME>, <SUBMITTER CITY>, <SUBMITTER PROVINCE> for sample <SPECIES>, <SAMPLE ID> has been submitted using a form version that is obsolete. Data have not been entered into the CFIA Laboratory Sample Tracking System. Please resubmit you request, using the form version found at <LINK>.

5) The form is now locked (read-only) and the “Submit” button is disabled.

NOTE: If you wish, you can save a copy of the completed form.

6) The electronic submission process is successful, and an email is sent from “RSTS_EXTERNAL@inspection.gc.ca” to the <SUBMITTER PRIMARY EMAIL ADDRESS> as follows:

Subject Line:	RABIES FORM SUBMISSION NOTIFICATION - <SPECIES>, <SAMPLE ID> /// AVIS DE PRÉSENTATION DU FORMULAIRE POUR LE DIAGNOSTIC DE LA RAGE - <ESPÈCE> ,
Message Body:	<p>The Rabies Sample Submission Form from <SUBMITTER NAME>, <SUBMITTER CITY>, <SUBMITTER PROVINCE> for sample <SPECIES>, <SAMPLE ID>, <REFERENCE NUMBER> has been accepted into the CFIA Laboratory Sample Tracking System.</p> <p>When the sample is received at the laboratory, a confirmation of sample receipt will be provided to this email address. If you do not receive this confirmation within the expected service standard of your courier company, please track your shipment to determine if the package has been delivered, prior to contacting the laboratory.</p> <p>////////////////////////////////////</p> <p>Le formulaire de soumission d'échantillon pour le diagnostic de la rage de <NOM DE L'ENVOYEUR>, <VILLE DE L'ENVOYEUR>, <PROVINCE DE L'ENVOYEUR> pour l'échantillon <ESPÈCE>, <IDENTIFICATION DE L'ÉCHANTILLON>, <NUMÉRO DE RÉFÉRENCE> a été accepté dans le Système informatisé d'enregistrement et de suivi des analyses de laboratoire de l'ACIA.</p> <p>Lorsque l'échantillon est reçu au laboratoire, une confirmation de la réception de l'échantillon sera envoyée à cette adresse électronique. Si vous ne recevez pas cette confirmation, conformément à la norme de service attendue de votre entreprise de livraison de courrier, veuillez faire un suivi de votre envoi cette entreprise afin de déterminer si votre colis a bien été livré avant de communiquer avec le laboratoire.</p>



- 7) Print a copy of the form for inclusion with the package when shipped to the Lab.
- 8) When the sample is received and accepted at the Lab, an email is sent from "RSTS_EXTERNAL@inspection.gc.ca" to the <SUBMITTER PRIMARY EMAIL ADDRESS> as follows:

Subject Line:	RABIES SAMPLE RECEIPT NOTIFICATION - <SPECIES>, <SAMPLE ID> /// AVIS DE RÉCEPTION DE L'ÉCHANTILLON POUR LE DIAGNOSTIC DE LA RAGE - <ESPÈCE>, <IDENTIFICATION DE L'ÉCHANTILLON>
Message Body:	<p>The Rabies Sample <SPECIES>, <SAMPLE ID>, <REFERENCE NUMBER> from <SUBMITTER NAME>, <SUBMITTER CITY>, <SUBMITTER PROVINCE>, has been received at <LABORATORY NAME> and is under test.</p> <p>When results are available, a Report of Analysis will be sent to the Submitter email address and up to three other email addresses, if provided on the submission form. In addition, samples that test positive for rabies, or that are found unfit for testing, will also be notified by telephone to the Submitter. The turn-around time (TAT) for the Fluorescent Antibody Test on fresh tissue is 72 hours, and for the Immunohistochemistry Test on formalin-fixed tissue is 10 days, from receipt of the sample at the laboratory. If you do not receive results within the stated TAT, please contact the laboratory, referencing laboratory sample number <LABORATORY NUMBER>.</p> <p>////////////////////////////////////</p> <p>L'échantillon pour le diagnostic de la rage <ESPÈCE>, <IDENTIFICATION DE L'ÉCHANTILLON>, <NUMÉRO DE RÉFÉRENCE> de <NOM DE L'ENVOYEUR>, <VILLE DE L'ENVOYEUR>, <PROVINCE DE L'ENVOYEUR>, a été reçu au <NOM DU LABORATOIRE> et fait actuellement l'objet d'une analyse.</p> <p>Lorsque les résultats seront disponibles, un rapport d'analyse sera envoyé à l'adresse électronique de l'envoyeur, ainsi qu'aux autres adresses électroniques indiquées sur le formulaire de soumission. De plus, les demandeurs seront aussi avisés par téléphone des résultats concernant les échantillons qui génèrent un résultat positif pour la rage ou les échantillons qui s'avèrent inadéquats pour les besoins de l'analyse. Le délai d'exécution est de 72 heures pour le test d'immunofluorescence directe sur des tissus frais, et de 10 jours pour les tests d'immunocytochimie sur des tissus fixés dans le formol, à partir du moment de la réception de l'échantillon au laboratoire. Si vous ne recevez pas les résultats dans le délai prescrit, veuillez communiquer avec le laboratoire en donnant le numéro de l'échantillon de laboratoire <NUMÉRO DE LABORATOIRE>.</p>



- 9) Once test results have been entered into the database and authorized for release, an email notification will be sent from “RSTS_EXTERNAL@inspection.gc.ca” to all email addresses provided by the submitter for result notification:

Subject Line:	RABIES RESULT NOTIFICATION - <SPECIES>, <SAMPLE ID> /// AVIS DE RÉSULTATS CONCERNANT L'ANALYSE D'ÉCHANTILLON POUR LE DIAGNOSTIC DE LA RAGE - <ESPÈCE>, < IDENTIFICATION DE L'ÉCHANTILLON>
Message Body:	<p>Results of laboratory testing for Rabies Sample <SPECIES>, <SAMPLE ID>, <REFERENCE NUMBER> from <SUBMITTER NAME>, <SUBMITTER CITY>, <SUBMITTER PROVINCE>, can be found in the attached Report of Analysis.</p> <p>If you have questions regarding this Report, please contact the laboratory, referencing laboratory sample number <LABORATORY NUMBER>.</p> <p>////////////////////////////////////</p> <p>Les résultats des analyses effectuées pour les échantillons pour le diagnostic de la rage <ESPÈCE>, <IDENTIFICATION DE L'ÉCHANTILLON>, <NUMÉRO DE RÉFÉRENCE> de <NOM DE L'ENVOYEUR>, <VILLE DE L'ENVOYEUR>, <PROVINCE DE L'ENVOYEUR> sont présentés dans le présent rapport d'analyse.</p> <p>Si vous avez des questions concernant le présent rapport, veuillez communiquer avec le laboratoire, en mentionnant le numéro de l'échantillon de laboratoire <NUMÉRO DU LABORATOIRE>.</p>

The official Report of Analysis will be provided as an attachment to the email notification.

Note: All email notifications will be sent from “RSTS_EXTERNAL@inspection.gc.ca”. Ensure that spam filters are adjusted to allow emails from this address.



WHO TO CONTACT FOR COMPUTER SYSTEM SUPPORT

UNABLE TO OPEN ADOBE PDF
FORM

UNABLE TO PRINT FORM

FIREWALL WARNING MESSAGE

ANY QUESTIONS RELATED TO
GENERAL FUNCTIONING OF
COMPUTER/ADOBE SOFTWARE

INTERNAL IM/IT HELP DESK OF
YOUR EMPLOYER

NEED NEW VERSION OF RABIES
FORM

NEED EMAIL ADDRESSES TO
REPORT RESULTS

PROVINCIAL/TERRITORIAL
CO-ORDINATING AUTHORITY

UNABLE TO SUBMIT FORM AFTER
REPEATED ATTEMPTS

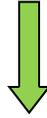
EMAIL NOTIFICATIONS DO NOT
ARRIVE AT PRIMARY OR OTHER
EMAIL ADDRESSES

CFIA LABORATORY



PROCESS FOR CORRECTION OF DATA AFTER FORM SUBMISSION

HAS SPECIMEN BEEN PACKAGED AND SHIPPED?



NO Create a new form, ensuring that all data are correct. Follow the submission process, and print a copy of the **CORRECTED** form. Include this with the shipment. Upon reception at the lab, only the corrected form will be received into the system.

YES → **HAVE YOU RECEIVED NOTIFICATION THAT THE SAMPLE HAS BEEN RECEIVED AT THE LAB?**



NO Phone the lab to verify that sample has not yet been processed in the Laboratory Sample Tracking System (LSTS). If not, create a new form, ensuring that all data are correct. Follow the submission process, and print a copy of the **CORRECTED** form. FAX, or scan and email, the corrected form to the laboratory. Upon reception at the lab, only the corrected form will be processed in LSTS.

YES - ONLY THE MANDATORY FIELDS MAY BE CHANGED WITH A REQUEST, IN WRITING, FROM THE SUBMITTER.

Copy the form containing the **REFERENCE ID** and the **DATE SUBMITTED**. Highlight in some manner (e.g., circle with red pen) the fields that need data correction. Provide the verified information on a separate piece of paper, and sign and date the request. FAX, or scan and email, the corrections to the laboratory.

The laboratory will make corrections in LSTS prior to releasing the test result.



For further information, contact:

R-Unit, Ottawa Laboratory
Fallowfield
Canadian Food Inspection Agency
3851 Fallowfield Road
Ottawa ON K2J 4S1

Mon-Fri 8 am-4 pm ET

Phone: 343-212-0340
Fax: 343-212-0202
E-mail: OLF_Rabies-LOF_Rage@inspection.gc.ca

R-Unit, Lethbridge Laboratory
Canadian Food Inspection Agency
Township Road 9-1
Lethbridge AB T1J 3Z4

Mon-Fri 7 am-3 pm MT

Phone: 403-382-5559
Fax: 403-382-5562
E-mail: LethbridgeRabiesLab@inspection.gc.ca



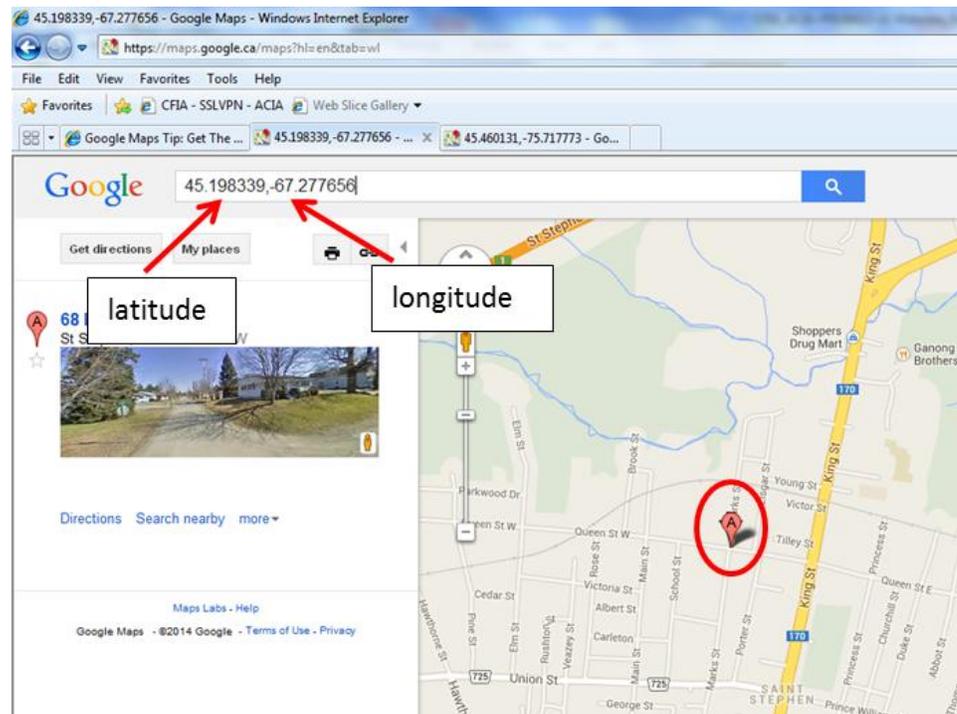
FREE WEBSITES FOR OBTAINING LATITUDE AND LONGITUDE

Mapcoordinates.net
<http://www.mapcoordinates.net/en>

Geocoder.ca
<http://www.geocoder.ca/>

Google Maps
<https://maps.google.ca/maps?hl=en&tab=wl>

Zoom to your location of interest on the map, right click the mouse and select "What's here?". The latitude and longitude will be displayed in the search line:



Alternatively, enter the address in the search line and press "Enter". Right click on the orange A on the map, and select "What's here?". The latitude and longitude will be displayed in the search line.