



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 Ottawa Laboratory Fallowfield.

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

COMPUTER SYSTEM REQUIREMENTS

- Internet connection.
- 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

Go to first empty field << < > >>				Submit	Clear	Print
Canadian Food Inspection Agency / Agence canadienne d'inspection des aliments					PROTECTED A when completed	
View the Privacy Notice Statement					For Laboratory Use Only	
Rabies Sample Submission Samples submitted from cattle that test negative for rabies may be tested for other federally regulated diseases.					Laboratory Number	
Date Form Submitted	Date Shipped (required)	Laboratory (required)	Date Received			
Animal Sample Information (required)						
Animal Species	Specify Species			Sample Identification		
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"/> Saliva Contamination			<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 1		Other Email Address 2	
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		





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-##### 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.

Laboratory

Select “Ottawa” for all human, primate, and animal samples. Diagnostic testing is no longer offered at CFIA Lethbridge.

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, you must specify the reasons in “Submitter Comments”.

Preservative: Fresh

Check this box if sample is fresh (i.e., not fixed). **The CFIA now only accepts fresh samples.**

Preservative: Other (phone lab) DO NOT SELECT

Do not submit the sample if it has been fixed in formalin. The CFIA no longer offers testing for samples that have been fixed in formalin.

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 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 no human or domestic animal exposure may not be submitted for testing, with the exception of wildlife surveillance samples previously testing positive or inconclusive at another laboratory.

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)

Format is 10 digits with no spaces, dashes or brackets.

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.

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.

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, and the intermediary party, if applicable.



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. 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. 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 (brainstem, cerebellum, hippocampus) 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 other testing, e.g., RT-PCR for human samples. 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.

**DETAILED INSTRUCTIONS FOR ELECTRONIC SUBMISSION FOR RABIES FORM
LSTS-2908-E-V1.2 (2024/02)**

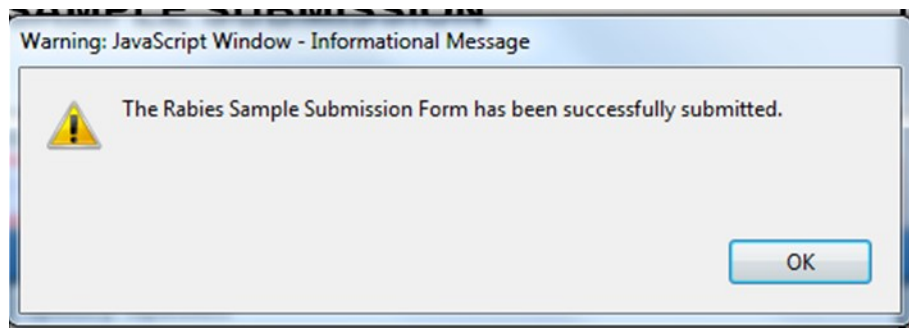
- 1) All information must be entered by the submitter. Some data fields are mandatory (form will not be able to be submitted until these are complete), others are optional. The mandatory sections are marked by “required” on the form. As well, mandatory fields can be highlighted in red by selecting “Highlight 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 "donotreply@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>, <IDENTIFICATION DE L'ÉCHANTILLON>
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



“donotreply@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'expéditeur, 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 “donotreply@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 “donotreply@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.



FREE WEBSITES FOR OBTAINING LATITUDE AND LONGITUDE

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: [cfia.rabiaseast-
rageest.acia@inspection.gc.ca](mailto:cfia.rabiaseast-
rageest.acia@inspection.gc.ca)

Mapcoordinates.net

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

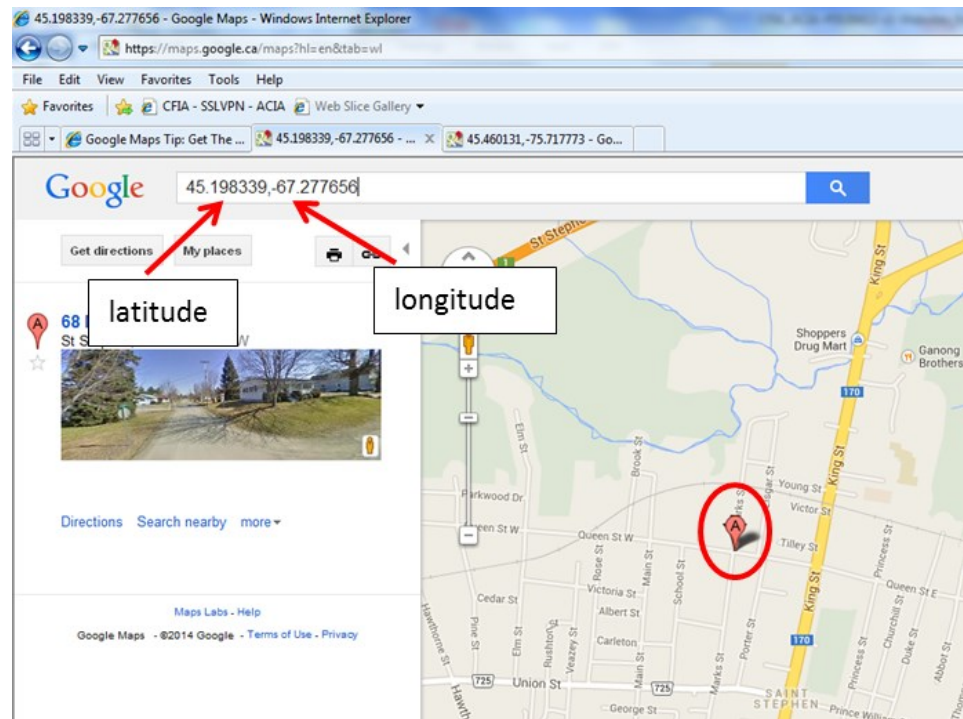
Geocoder.ca

<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:



We're on the Web
inspection.canada.ca

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.