



State Hygienic Laboratory

U of I Research Park
2490 Crosspark Road
Coralville, IA 52241-4721
Phone # 319-335-4500 or
800-421-IOWA

Ankeny Laboratory
2220 S. Ankeny Blvd.
Ankeny, IA 50023-9093
Phone # 515-725-1600

Lakeside Laboratory
1838 Highway 86
Milford, IA 51351-7267
Phone # 712-337-3669

<http://www.shl.uiowa.edu>

Rabies Test Request Form

SAMPLE INFORMATION (Check appropriate Type of Animal and complete requested information. Only one sample per form.)

Date Collected: ___/___/___ Time Collected (24 hr. clock): ___:___ Date Sent: ___/___/___ Organization's Sample ID: _____

Type of Animal: Bat Cat Cow Dog Raccoon Skunk Other: _____

Shipment Method: Hand Carried CDS FedEx UPS UIHC ER (after hours delivery only) Other: _____

VETERINARIAN/HEALTH CARE PROVIDER/PUBLIC HEALTH PROFESSIONAL INFORMATION (A 24-hour phone number is required for contact and results.)

Last Name: _____ First Name: _____ NPI (or Facility's Provider ID): _____ Area Code/Phone #: _____

ORGANIZATION INFORMATION (Veterinary Facility/Health Care Facility/Public Health Agency. Results are reported to this address.)

Organization Id: _____ Organization Name: _____ Address 1: _____

Address 2: _____ City: _____ State: _____ Zip Code: _____

Complete the following line if you would like results mailed to a second facility (such as a medical provider).

Attention to: _____ Organization Name: _____ Address, City, State, Zip Code: _____

REQUIRED INFORMATION (Any missing information may result in delayed reporting of results.)

Name of Animal Owner (or person capturing wild animal): _____ Address, City, State, Zip Code: _____ Area Code/Phone #: _____

County where animal was found: _____ Had animal been vaccinated for rabies? Yes No Was vaccination current? Yes No

Date of Animal's Death: _____ Type of Death: Euthanized Killed Natural Other: _____

Were any humans exposed to the animal? Yes No

Name of Person(s) Exposed	Age**	Gender	Address, City, State, Zip Code	Area Code/Phone #	Exposure Date	Location on the body if bitten
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

If person(s) exposed is less than 18 years old, please list the name, address, and phone number of the legal guardian(s).

Guardian Name	Address, City, State, Zip Code	Area Code/Phone #	Guardian for:
_____	_____	_____	_____
_____	_____	_____	_____

Was another animal exposed? Yes No

Type of Animal Exposed	Owner of Animal	Area Code/Phone #	Exposure Date
_____	_____	_____	_____

What were the circumstances surrounding the exposure, noting any strange actions of the animal?

For bats: Exposure only (e.g., found in bedroom, no known bite, person sleeping/non-verbal responder)



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FOR INTERNAL USE ONLY



State Hygienic Laboratory

at the University of Iowa



RABIES TESTING

Types of Specimens

- **Livestock or large animals**
Head only or intact brain
- **Medium-sized animals**
Cats, dogs, skunks, etc.
Intact head only
- **Bats and other small animals < 1 lb.**
Submit entire animal - do not damage the head.

Instructions

Please refer to the collection and shipping instructions:

<http://www.shl.uiowa.edu/kitsquotesforms/rabiescollectioninstructions.pdf>

Identification

Enclose a completed test request form for each specimen.

Transport

- **Call laboratory before your departure: 319-335-4500 or 800-421-4692**
- Private vehicle is fastest and preferred
- Courier services if properly preserved and packaged in leak-proof containers
- **DO NOT USE U.S. MAIL**

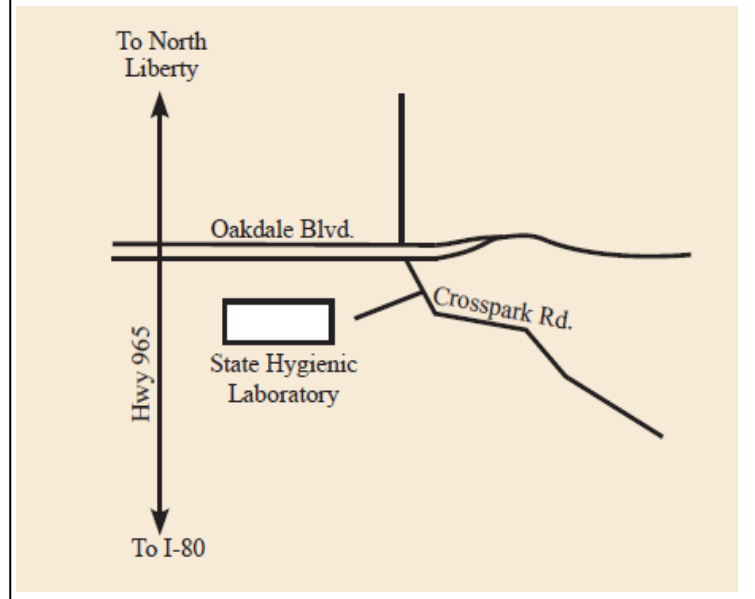
Delivery Location

State Hygienic Laboratory
UI Research Park
2490 Crosspark Road
Coralville, IA 52241

319-335-4500

800-421-4692

<http://www.shl.uiowa.edu/>



Business Hours: 8:00 a.m. - 5:00 p.m. Monday – Friday
Outside of business hours: ask for Rabies Analyst on-call