

State Hygienic Laboratory at the University of Iowa

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	Client Reference (Organization's Sample ID or Pet's Name)
____/____/____	____:____	____/____/____	_____
Type of Animal:	<input type="checkbox"/> Bat	<input type="checkbox"/> Cat	<input type="checkbox"/> Cow
	<input type="checkbox"/> Dog	<input type="checkbox"/> Raccoon	<input type="checkbox"/> Skunk
	<input type="checkbox"/> Other: _____		
Shipment Method:	<input type="checkbox"/> Hand Carried	<input type="checkbox"/> CDS	<input type="checkbox"/> FedEx
	<input type="checkbox"/> UPS	<input type="checkbox"/> UIHC ER (after hours delivery only)	
	<input type="checkbox"/> 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	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)

FOR STATE HYGIENIC LAB
USE ONLY



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