Rabies Test Request Form

Specimen Type: Check appropriate specimen and fill in requested information (Only one sample per form).

- Bat
- Cat
- Cow
- Dog
- Raccoon
- Skunk
- Other: __________________________

DATE SENT: __/__/____

IMPORTANT INFORMATION: If you are the person requesting a rabies test please:

1. Complete the "Required Information" section below (any missing information may result in delayed reporting of results)
2. You MUST also provide a 24-hour phone number for a veterinarian or a physician in case of positive results or an unsatisfactory specimen.
3. The physician information MUST be completed if: a) you do not have a veterinarian or b) you want the results to be reported to a physician in addition to the veterinarian.

EITHER THE VETERINARIAN OR PHYSICIAN INFORMATION MUST BE COMPLETED.
WE WILL ONLY REPORT RESULTS TO A MEDICAL PROVIDER.

**Required Information**

Owner: □ Yes □ No County: __________ (where animal was found)

Had animal been vaccinated for rabies? □ Yes □ No Month: ______ Year: ______ Type: ______

Was the bite provoked or unprovoked? __________________________ Was animal confined or observed before death? __________________________

Shipment method: □ Hand Carried □ FedEx □ UIHC ER (after hours delivery only) □ Other: __________

Date of animal's death: __/__/____ Type of death: □ Natural □ Killed □ Other: __________

Name of person(s) exposed: Age Sex City of Residence Date of Exposure Location on the body of the bite

__________________________________________________________________________

Animal exposed:

Animal type Owner of animal City of Residence Date of Exposure Was animal vaccinated?

__________________________________________________________________________

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

__________________________________________________________________________

Physician (if applicable)

Name: __________________________

Address: __________________________

City: __________ State: ___ Zip: _______

Phone: (____) - _______

Veterinarian Name: __________________________

Address: __________________________

City: __________ State: ___ Zip: _______
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
  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 container
- 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