

Instructions for Accurate Completion of The Submission Form For Rabies Specimens

Regulatory agencies require testing laboratories to collect certain pieces of patient and specimen information on the test request form. Please read the following instructions carefully to avoid a delay in either testing of specimens or reporting of results.

Upper Right Hand Box (Owner Information):

1. This section must be completed for accurate tracking of specimens and should contain information on the client requesting a rabies test (not the vet or physician). The client is considered to be either the pet owner or the person requesting testing on a non-domesticated animal such as a bat, skunk, raccoon, etc.
2. Please provide the Veterinarian's name if you have one. (If you are not using a veterinarian you MUST supply physician contact information in the "Required Information" section below) You MUST provide the name and phone for a medical professional.
3. You must provide a **24-hour phone number** for the **medical professional** in case of a positive result or an "unsatisfactory-for-testing" specimen. We cannot leave results on a voice messaging system nor will we contact a client directly with a result.

Specimen Type:

1. Regulatory agencies require that the specimen type be indicated on the test request form. Only one specimen type and its corresponding test requests are to be included on each form. If submitting multiple samples per client, a separate test request form must be completed for each animal and you must make sure there is an adequate means of tying each test request form to its corresponding submission.

Required Information Section:

This section includes all information requested in the large block consuming most of the form. The information requested in this section is vital to appropriate testing and determination of the need for post exposure prophylaxis. Any missing information may result in a delay in reporting or treatment.

Please complete the physician information 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

Veterinarian Facility Information:

1. All test request forms submitted must contain the submitting facility/veterinarian's name and complete address. For those of you routinely submitting rabies samples we can send you forms pre-printed with your information upon request. To request pre-printed forms, please call 319-335-4240.
2. If you print a form from the website, you must print your complete information in the "Facility Information" area if you are a veterinarian or in the "Physician Information" area if you are a physician.

STATE HYGIENIC LABORATORY USE ONLY:

This block is for Hygienic Laboratory accessioning purposes only. DO NOT write patient or testing information in this area.

Keep this instruction sheet as a reference until you are comfortable with correct completion of the test request form and also for training new personnel.

Please call the Bacteriology Department at 319-335-4335 with any questions concerning the new form or its completion.

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

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

For use by pet owner or person requesting rabies test on non-domesticated animal (bat, raccoon, etc). Do NOT use this section for vet or physician information.

OWNER: _____
last first

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () - _____

DATE SENT: ____ / ____ / ____
mm dd year

VETERINARIAN: _____
please print last first

PHONE: () - _____

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.

Rabies Test Request Form

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: _____
mm dd year

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

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

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: _____

Enter your facility address
 Results are returned
 to this address

State Hygienic Laboratory

University of Iowa Research Park
 Iowa City, IA 52242-5002
 Phone #: 319-335-4500
 Fax #: 319-335-4555
<http://www.shl.uiowa.edu>



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
Entire animal

Preservation

Please refer to submission instructions found [here](#).

Identification

Enclose completed test request form.

Transport

*Emergency

- Call laboratory before your departure at 319-335-4500 or 800-421-4692
- Private vehicle is fastest

*Non-emergency

- Private vehicle is preferred
- Courier services if properly preserved and packaged in leakproof container
- **DO NOT USE U.S. MAIL**

Delivery Location

If expected arrival time is:

8:00 a.m. - 5:00 p.m. Monday - Friday

State Hygienic Laboratory, UI Research Park-Coralville, Iowa City*
(*see map above for GPS address and directions)

Evenings, weekends & holidays

Call Laboratory at 319-335-4500 or 800-421-4692 before your departure

