

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>

Iowa HHS 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 **If No, the submitting organization will be charged \$25.**

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

Condition-Received	Temp.	Rec'd by
Room Temp		
Frozen		
Cold Pack/Refrigerated		

FOR STATE HYGIENIC LAB
USE ONLY



SUBMITTER:



Contact: _____

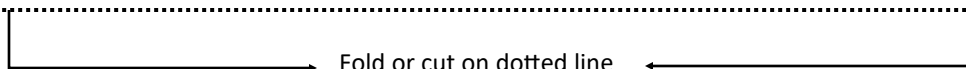
Contact Phone: _____



University of Iowa State Hygienic Lab
Attention Rabies Lab

2490 Crosspark Road
Coralville, IA 52241

319-335-4500



This sheet **MUST** be affixed to the top of your shipment and visible.

Complete the submitter information. It must have a name and contact phone number

Each side of the UN3373 diamond should be a minimum 2 in (5.1 cm) in length.