State Hygienic Laboratory at the University of Iowa

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

| SAMPE, INFORMATION (Check appropriate Type of Animal and complete requested information. Only one sample per form.) Date Sout Client Reference (Organization's Sample ID or Pet's Name) Type of Animal Date Cat Cow Dog Raccoon Saturak Other: Type of Animal Date Cat Cow Dog Raccoon Saturak Other: Type of Animal Date Cat Cow Dog Raccoon Saturak Date Date Type of Animal Date Cat Cow Dog Raccoon Saturak Date Date Type of Animal Date Cat Cat Date Date Type of Animal Date Cat Cat Date Date Type of Animal Date Cat Cat Date Type of Animal Date Cat Date Date Type of Animal Date Date Date Type of Animal Date Date Date Date Type of Animal Date | IOWa I | Ins navies lest n | request i oi iii | | | |
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| Type of Animal Bat | SAMPLE INFORMATION (Check appropriate Type of Anima | l and complete requested i | nformation. Only one sample | per form.) | | |
| Shipment Method: | Date Collected Time Collected (24 hr. clock) | Date Sent | Date Sent Client Reference (Organization's Sample ID or Pet's Name) | | | |
| Shipment Method: | Type of Animal: Rat Cat Cow | Dog Raccoon | Skunk Othe | ar· | | |
| County where animal was found: | | | | | | |
| 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 ***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 ***CQUIRED 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: 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 State Hygienic Lab Use Only For State Hygienic Lab Use Only | VETERINARIAN/HEALTH CARE PROVIDER/PUBLIC HEALTH F | PROFESSIONAL INFORMATI | ON (A 24-hour phone number is | required for contact and results.) | | |
| Organization Id Organization Name | Last Name First Name | | NPI | Area Code/Phone # | | |
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| ***Complete the following line if you would like results mailed to a second facility (such as a medical provider).*** Attention to: Organization Name | Organization Id Organization Name | | Address 1 | | | |
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FOR STATE HYGIENIC LAB USE ONLY

| SUBMITTER: | | | |
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University of Iowa State Hygienic Lab **Attention Rabies Lab**

2490 Crosspark Road Coralville, IA 52241

319-335-4500

Fold or cut on dotted line

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.