

# 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:     Bat     Cat     Cow     Dog     Raccoon     Skunk     Other: \_\_\_\_\_

Shipment Method:  Hand Carried     Courier     FedEx     UPS     UIHC ER (after hours delivery only)     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 \$50.**

**Human Exposure Circumstances**     Bite    Bite location: \_\_\_\_\_     Saliva in open wound/mucous membrane

Found in the same room as a sleeping person (bats only)       Scratch resulting in broken skin (raccoon, skunk, fox, or coyote only)

Other (Describe circumstances below. If no human exposure is determined based on the described circumstances, a \$50 testing fee will be charged.)

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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: \_\_\_\_\_

**For State Hygienic Lab Use Only**

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

FOR STATE HYGIENIC LAB  
USE ONLY



AN 022025

SUBMITTOR:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Contact: \_\_\_\_\_

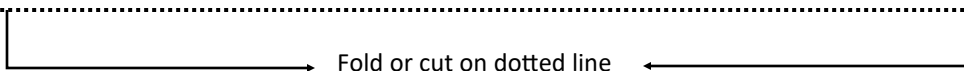
Contact Phone: \_\_\_\_\_



University of Iowa State Hygienic Lab  
**Attention Rabies Lab**

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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.