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.)

_____

_____

Name of Person(s) Exposed | Age** | Sex | 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.	Thermometer ID
Ambient		
Cold Pack/Refrigerated		**Rec'd by**
Frozen		

FOR STATE HYGIENIC LAB USE ONLY

AN 072025

SUBMITTOR:

_____

_____

_____

Contact:_____

Contact Phone:_____

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.