

# 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     CDS     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 \$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



AN 032024

SUBMITTOR:

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



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

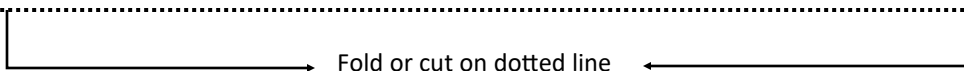
Contact Phone: \_\_\_\_\_



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.