



# RABIES EXAMINATION SUBMISSION FORM

<b>Veterinary Diagnostic Laboratory</b>	<b>Laboratory Use Only</b>	
Iowa State University	Case no.	
1600 S. 16th St Ames, IA 50011	VDL Vet	
515-294-1950 Fax 515-294-3564 www.vdpam.iastate.edu		

Veterinarian _____	Owner _____
Clinic _____	Owner city _____
Address _____	Owner state _____ Zip _____
City _____ State _____ Zip _____	Work phone _____
Phone _____ Fax _____	Home phone _____
Voice mail _____ e-mail _____	Other phone _____
	e-mail _____

**Special reporting requests** – Report results by **Phone** **FAX** **Email**

### ANIMAL HISTORY

Species _____	Stray (yes/no) _____	Date of death: _____
Breed _____	Pet (yes/no) _____	Euthanized? _____
Age _____	Other (specify) _____	Natural death? _____

Clinical observations / comments: \_\_\_\_\_

**RABIES VACCINATION** (check): Vaccinated / Date:  Unknown Not vaccinated

**SPECIMEN SUBMITTED** (check): Carcass Head only Brain (fresh) Tissues

### HUMAN EXPOSURE HISTORY – provide all data requested

UNKNOWN – not known at this time if human exposure is associated with this case.  
 NO - human exposure is not associated with this case.  
 YES - human exposure is associated with this case. Number of potential human exposures =

**Name of exposed:** \_\_\_\_\_ Home phone \_\_\_\_\_  
 Address \_\_\_\_\_ Work phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ e-mail \_\_\_\_\_  
 Date of exposure: \_\_\_\_\_ Additional comments: \_\_\_\_\_  
 Type of exposure: \_\_\_\_\_  
 Site of exposure: \_\_\_\_\_

**Physician** \_\_\_\_\_ Office phone \_\_\_\_\_  
 Clinic \_\_\_\_\_ Voice mail no. \_\_\_\_\_  
 Address \_\_\_\_\_ Office FAX \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Office e-mail \_\_\_\_\_

**ADDITIONAL REMARKS / SPECIFIC INSTRUCTIONS**

\_\_\_\_\_

Submitting Veterinarian (signature required): \_\_\_\_\_ Date: \_\_\_\_\_