

**Rabies Testing Request Form**  
**Unified State Laboratories: Public Health**  
**4431 S 2700 W Taylorsville, UT 84129**  
**Telephone: (801) 965-2584 Fax: (801) 965-2551**

|             |
|-------------|
| Lab #       |
| Date Stamp: |

PLEASE PRINT

DO NOT ABBREVIATE

|  |  |   |   |
|--|--|---|---|
| <b>1. PROVIDER/SENDER INFORMATION</b>  |  | <b>2. OWNER INFORMATION (or responsible party)</b>                          |   |
| Name   |  | Name  |   |
| Address: No./Street/Apt.#  |  | Address: No./Street/Apt.#   |   |
| Provider Code  | City/Town  | City/Town   |   |
| Phone Number: (    )   |  | Phone Number: (    )  |   |
| <b>3. SPECIMEN INFORMATION</b> <input type="checkbox"/> Pet <input type="checkbox"/> Stray <input type="checkbox"/> Wild <input type="checkbox"/> Unknown  |  |   |   |
| Species & Breed  | Was Animal Quarantined? <input type="checkbox"/> Yes <input type="checkbox"/> No | Cause of Death: <input type="checkbox"/> Natural                            |   |
| If Yes, how many days? _____   |  | Date: _____ <input type="checkbox"/> Euthanized                             |   |
| <b>Reason for Rabies Testing:</b>  |  | <b>Symptoms:</b> _____  | <b>Animal Vaccination History:</b>                          |
| <input type="checkbox"/> Human Exposure  |  | _____   | <input type="checkbox"/> Rabies Vaccinated on (___/___/___) |
| <input type="checkbox"/> Pet Exposure  |  | _____   | <input type="checkbox"/> Not Rabies Vaccinated              |
| <input type="checkbox"/> Acting Sick   |  | _____   | <input type="checkbox"/> Unknown                            |
| <b>4. EXPOSURE INFORMATION</b>   |  |   |   |
| <b>Person(s) Exposed</b> Exposure Date ___/___/___   |  | <b>Animal(s) Exposed</b> Exposure Date ___/___/___                          |   |
| Name   |  | Name  |   |
| Address: No./Street/Apt.#  |  | Species   | Age   |
| City/Town  | State  | Address: No./Street/Apt.#   |   |
| Zip Code   |  | City/Town   | State   |
| Phone # (    )   |  | Zip Code  |   |
| Physician Name   |  | Physician Phone # (    )  |   |
| <b>Type of Exposure:</b> <input type="checkbox"/> Bite   |  | <b>Type of Exposure:</b> <input type="checkbox"/> Bite                      |   |
| <input type="checkbox"/> Scratch   |  | <input type="checkbox"/> Scratch  |   |
| <input type="checkbox"/> Lick  |  | <input type="checkbox"/> Lick   |   |
| <input type="checkbox"/> Other _____   |  | <input type="checkbox"/> Other _____  |   |
| <input type="checkbox"/> Unknown   |  | <input type="checkbox"/> Unknown  |   |
| Body Site  |  | Body Site   |   |
| Severity   |  | Severity  |   |
| <b>Circumstance of Exposure: (Check One)</b> <input type="checkbox"/> Capture <input type="checkbox"/> Specimen Prep   |  | <b>Circumstance of Exposure: (Check One)</b> <input type="checkbox"/> Fight |   |
| <input type="checkbox"/> Handling <input type="checkbox"/> Other _____   |  | <input type="checkbox"/> Vicinity   |   |
| <input type="checkbox"/> Provoked Attack   |  | <input type="checkbox"/> Dead Animal Contact                                |   |
| <input type="checkbox"/> Unprovoked Attack   |  | <input type="checkbox"/> Other _____  |   |
| <p style="text-align: center;">Sample submission guidelines: Head must be removed from any animal larger than a gopher. Head must be wrapped in newspaper and placed in plastic bag. DO NOT send live animals with the exception of bats (Container must be labeled "Live Bat"). If shipping is necessary, please put plastic bag containing head in a leakproof container packed with Ice Packs (not wet ice). DO NOT send by U.S. Mail except by special delivery.</p> <p style="text-align: center;">Specimens may be subject to \$180 fee that do not meet the criteria set forth by the Utah Department of Health (<a href="https://health.utah.gov/wp-content/uploads/UDOH_Rabies_Testing_Request_Form.pdf">https://health.utah.gov/wp-content/uploads/UDOH_Rabies_Testing_Request_Form.pdf</a>) or with incomplete paperwork.</p> |  |   |   |
| <b>5. RABIES DIRECT FLUORESCENT ANTIBODY TEST RESULTS (Lab Use Only) Reported By: _____ Date ___/___/___</b>   |  |   |   |
| <input type="checkbox"/> Positive (Rabid) <input type="checkbox"/> Negative (Not Rabid) <input type="checkbox"/> Specimen Unsatisfactory   |  |   |   |
| Comments _____   |  |   |   |