## Rabies Testing Request Form

**Unified State Laboratories: Public Health**

4431 S 2700 W Taylorsville, UT 84129

Telephone: (801) 965-2584   Fax: (801) 965-2551

### 1. PROVIDER/SENDER INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: No./Street/Apt.#</td>
<td>Address: No./Street/Apt.#</td>
</tr>
<tr>
<td>Provider Code</td>
<td>City/Town</td>
</tr>
<tr>
<td>Phone Number: (    )</td>
<td>Phone Number: (    )</td>
</tr>
</tbody>
</table>

### 2. OWNER INFORMATION (or responsible party)

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: No./Street/Apt.#</td>
<td>Address: No./Street/Apt.#</td>
</tr>
<tr>
<td>City/Town</td>
<td>City/Town</td>
</tr>
<tr>
<td>Phone # (    )</td>
<td>Phone # (    )</td>
</tr>
</tbody>
</table>

### 3. SPECIMEN INFORMATION

<table>
<thead>
<tr>
<th>Species &amp; Breed</th>
<th>Was Animal Quarantined?</th>
<th>If Yes, how many days?</th>
<th>Cause of Death:</th>
<th>Animal Vaccination History:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td>[ ] Natural</td>
<td>[ ] Rabies Vaccinated on [<em><strong>/</strong></em>/___]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[ ] Died in Quarantine</td>
<td>[ ] Not Rabies Vaccinated</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Date: [<em><strong>/</strong></em>/___]</td>
<td>[ ] Unknown</td>
</tr>
</tbody>
</table>

#### Reason for Rabies Testing:

- [ ] Human Exposure
- [ ] Pet Exposure
- [ ] Acting Sick

#### Symptoms:

\[
\text{__________________________}\]

#### Animal Vaccination History:

- [ ] Rabies Vaccinated on [___/___/___]
- [ ] Not Rabies Vaccinated
- [ ] Unknown

### 4. EXPOSURE INFORMATION

<table>
<thead>
<tr>
<th>Person(s) Exposed</th>
<th>Exposure Date [<em><strong>/</strong></em>/___]</th>
<th>Animal(s) Exposed</th>
<th>Exposure Date [<em><strong>/</strong></em>/___]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Address: No./Street/Apt.#</td>
<td>Species</td>
<td>Age</td>
<td>Address: No./Street/Apt.#</td>
</tr>
<tr>
<td>City/Town</td>
<td>State</td>
<td>Zip Code</td>
<td>City/Town</td>
</tr>
<tr>
<td>Phone # (    )</td>
<td>Physician Name</td>
<td>Phone # (    )</td>
<td></td>
</tr>
</tbody>
</table>

#### Type of Exposure:

- [ ] Bite
- [ ] Scratch
- [ ] Lick
- [ ] Other ________
- [ ] Unknown

#### Body Site

\[
\text{__________________________}\
\]

#### Type of Exposure:

- [ ] Bite
- [ ] Scratch
- [ ] Lick
- [ ] Other ________
- [ ] Unknown

#### Body Site

\[
\text{__________________________}\
\]

#### Severity

\[
\text{__________________________}\
\]

#### Circumstance of Exposure: (Check One)

- [ ] Capture
- [ ] Specimen Prep
- [ ] Handling
- [ ] Other ________
- [ ] Provoked Attack
- [ ] Unprovoked Attack

#### Circumstance of Exposure: (Check One)

- [ ] Fight
- [ ] Vicinity
- [ ] Dead Animal Contact
- [ ] Other ________

**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.

Specimens may be subject to $180 fee that do not meet the criteria set forth by the Utah Department of Health (https://health.utah.gov/wp-content/uploads/UDOH_Rabies_Testing_Request_Form.pdf) or with incomplete paperwork.

### 5. RABIES DIRECT FLUORESCENT ANTIBODY TEST RESULTS (Lab Use Only)

<table>
<thead>
<tr>
<th>Reported By:</th>
<th>Date [<em><strong>/</strong></em>/___]</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Positive (Rabid)</td>
<td>[ ] Negative (Not Rabid)</td>
</tr>
</tbody>
</table>

**Comments**

________________________________________________________________________

________________________________________________________________________