

Rabies Examination Request

FOR LABORATORY USE ONLY

LAB#

Unified State Laboratories: Public Health

4431 South 2700West

Taylorsville, UT 84119-8600

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

DATE STAMP:

TESTING WILL NOT BE PERFORMED UNLESS SLIP IS COMPLETELY FILLED OUT. PLEASE PRINT CLEARLY FOR ACCURACY.**PATIENT INFORMATION:**

Patient Name (Last, First): _____

Patient ID #:

DATE OF BIRTH (mm/dd/yy)

AGE:

SEX:

M

F

PROVIDER INFORMATION:

Provider Code:

EPI

Physician: _____

SPECIMEN COLLECTION DATE

(MM/DD/YY)

Physician Phone: _____

Patient Information: Bitten

DATE: (mm/dd/yy)

 Exposed**Site, Extent and Circumstances of Bite:****Vet Information:**

Address: _____

Telephone: _____

Fax: _____

Animal Information:

Species: _____

 Euthanized

Date: (mm/dd/yy)

 Died

Owner's Name: _____

Address: _____

Telephone: _____

 Provoked Attack (1) Unprovoked Attack (2) Contact with Other Possible Rabid Animal (3) Rabies Immunization Current (4)**DIRECTIONS FOR SUBMITTING SPECIMENS:**

Heads must be removed from any animal larger than a gopher. **DO NOT** send live animals with the exception of bats. (Container must be labeled "Live Bat"). Heads must be wrapped in newspaper, then placed in a plastic bag. If shipping is necessary, please put plastic bag containing head in a leakproof container packed on wet ice. **DO NOT** send by U.S. Mail except by Special Delivery.