



Veterinary Diagnostic Laboratory

1937 Christensen Dr | Ames, IA 50011-1100
515-294-1950 | Fax 515-294-6961 | www.vetmed.iastate.edu/vdl

VETERINARIAN _____
Clinic _____
Address _____
City, State & Zip _____
Phone _____ Fax _____
Cell Phone _____ Email _____

If Owner Address is same as Animal Location

OWNER _____
Address _____
City, State & Zip _____
Phone Number _____
Email _____

Laboratory Use Only
Inventory

Case No. _____

ANIMAL LOCATION: Location of Animal or Exposure

SITE NAME _____
Address _____
City, State & Zip _____
County _____
Phone Number _____

RABIES VACCINATIONS (CHECK ONE)

Vaccinated / Date _____
 Not Vaccinated
 Unknown

DISPOSITION OF REMAINS (REQUIRED)

No remains returned
 Pick up by Cremation Facility _____

PATIENT INFORMATION (USE SAMPLE CONTINUATION FORM FOR ADDITIONAL ANIMALS)

Animal ID _____ Species _____ Breed _____ Gender _____ Age _____
Date of Death _____ Euthanized Natural Death Submitted Alive Weight _____
Clinical observations/comments: _____

SAMPLE TYPE	<input type="checkbox"/> Whole Body	<input type="checkbox"/> Head	<input type="checkbox"/> Brain	<input type="checkbox"/> Tissues
CONSECUTIVE SAMPLE ID#'S	_____ to _____	_____ to _____	_____ to _____	_____ to _____

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 _____ Date of exposure _____
Address _____ Type of exposure _____
City, State & Zip _____ Site of exposure _____
Day Phone _____ Additional comments _____
Cell Phone _____

Physician _____ Physician Phone _____
Clinic _____ Physician Fax _____
Address _____ City, State & Zip _____

ADDITIONAL REMARKS / SPECIFIC INSTRUCTIONS

Submitting Veterinarian (signature required): _____ Date: _____

Procedure for Submitting Rabies Cases on Page 2 >



VETERINARIAN _____

SITE NAME _____

PROCEDURE FOR SUBMITTING RABIES CASES

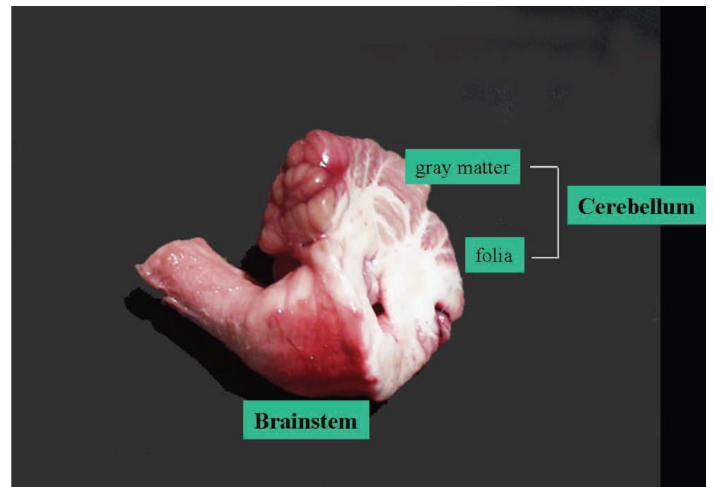
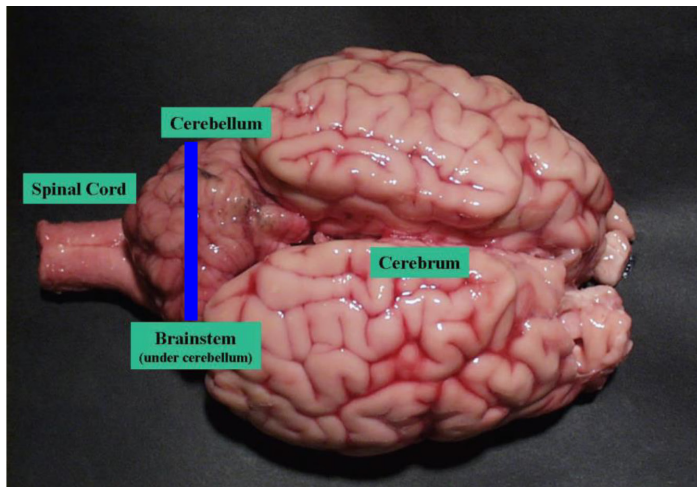
Rabies Specimens

The entire euthanized animal, chilled (not frozen), should be delivered by private carrier. Alternatively, submit the intact head, properly sealed to prevent leakage, and identified as a rabies suspect.

To safely prepare a rabies head:

1. Remove the head by disarticulation of the occipito-atlantal joint. Gloves, face, and eye protection are recommended for this procedure.
2. Refrigerate and package in a leak-proof container with refrigerant packs.
3. Deliver by private or commercial carrier with the package identified as "Rabies Suspect".
4. Rabies suspects should be euthanized prior to delivery to the VDL, only in exceptional cases and with prior notice should a live animal be submitted.

Note: A complete cross-section (see the photo below) of both the **cerebellum** and the **brainstem** submitted as fresh, refrigerated tissue are required for valid rabies testing per the CDC guidelines.



Cross Section (i.e. transverse section), shown by the blue line, of brainstem and cerebellum for rabies testing