Barcode	For lab use onl	у
	Barcode	Notes
		Date of sample arrival

	<b>三</b> 八八

## **IDEXX Reference Laboratories**

Postal address for sample submission: Vet Med Labor GmbH Im Moldengraben 65 D-70806 Kornwestheim Germany

Tel. DK 4 33 10439 • SE 08 51 989566 FI 09 725 22253 · NO 240 55110 NL 070 - 700 70 33 · BE 02 - 700 64 38 SA +27 10 500 2080

labsupportNordics@idexx.com laboratorium@idexx.com Lab-SA@idexx.com

www.idexx.fi · www.idexx.no · www.idexx.se · www.idexx.dk · www.idexx.nl · www.idexx.co.za

(required for travel purpose)

Reason for testing
Travel
(Re-) Import into EU
For South African vets only: Please specify country:  Import to other non-EU countries*
* Please inform yourself about the valid travelling guidelines before travelling to non-EU countries.
Or
Vaccination control (not for travel purpose)
Test cannot be used to diagnose or rule out rabies infection.
tost variation be used to diagnose of full out fables infection.
Submitting veterinary clinic

Clinic name

## **Rabies antibody testing** in animals

Using "fluorescent antibody virus neutralisation" (FAVN) test according to the O.I.E. "Manual of standards of diagnostic tests and vaccines"

To avoid errors in data entry, please complete this editable PDF form digitally. Print out the fully completed application form, sign it, and add your practice stamp.

In accordance with regulations of the importing countries only fully completed sample submission forms can be processed.

The certificate of the rabies antibody test result will be sent to you by courier.

Sample material\*\*: 1ml Serum (in serum tube)

Family name/First name

Clinic name  Clinic address/Country		Address/Country		300.03
				09-0011300-03
		Signature of the owner		
Animal	A microchip implantation is required prior to vaccination.	Rabies vaccination		
Species		Vaccine Brand		
Name		Batch No.		
Sex	Male Female	Date of last vaccination	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	
	Neutered Neutered	Date of sample collection AND micr	rochip reading	
Date of Birth		I hereby confirm the above details are correct and the physical examination of this animal showed no clinical signs of a rabies infection.		
Breed		of this animal showed no chinical sights of a fables infection.  IDEXX considers proper processing of personal data to be highly important and has adopted the privacy policy which can be found on www.idexx.com/privacy ***		
Microchip No.				
Tattoo No.				
Date of implantation	D D M M Y Y Y Y	Date	Signature and stamp of the submitting veterinary surgeon	
	OF GOOD QUALITY (not lipaemic and not haemolytic) can be processed. No other name and owner's name, and barcode where applicable. The test will be cancel			

<sup>\*\*\*</sup> By submitting this test on behalf of the Animal Owner, you (the treating veterinarian) confirm that you have informed the Animal Owner and obtained their consent for IDEXX as the Reference Laboratory to share the test certificate directly with relevant authorities if required for compliance with entry regulations. The test certificate will be handled in accordance with applicable data protection laws.