

**Barcode**



**For lab use only**

<b>Barcode</b>	<b>Notes</b>
<b>Date of sample arrival</b>	



**IDEXX Reference Laboratories**

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

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 www.idexx.dk · www.idexx.nl · www.idexx.co.za

**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.**

# Rabies antibody testing **INT** 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 post.

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

**Submitting veterinary clinic**

Clinicname  
 \_\_\_\_\_

Clinic address/Country  
 \_\_\_\_\_

**Owner (required for travel purpose)**

Family name/First name  
 \_\_\_\_\_

Address/Country  
 \_\_\_\_\_

Signature of the owner  
 \_\_\_\_\_

**Animal** A microchip implantation is required prior to vaccination.

Species \_\_\_\_\_

Name \_\_\_\_\_

Sex  Male |  Female  
 Neutered |  Neutered

Date of Birth 

D	D	M	M	Y	Y	Y	Y
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Breed \_\_\_\_\_

Microchip No. 

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Tattoo No. \_\_\_\_\_

Date of implantation 

D	D	M	M	Y	Y	Y	Y
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**Rabies vaccination**

Vaccine Brand \_\_\_\_\_

Batch No. \_\_\_\_\_

Date of last vaccination 

D	D	M	M	Y	Y	Y	Y
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Date of sample collection AND microchip reading 

D	D	M	M	Y	Y	Y	Y
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I hereby confirm the above details are correct and the physical examination of this animal showed no clinical signs of a rabies 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](http://www.idexx.com/privacy)

D	D	M	M	Y	Y	Y	Y
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 Date

\_\_\_\_\_  
**Signature and stamp of the submitting veterinary surgeon**

\*\*Please note: **ONLY SERUM OF GOOD QUALITY** (not lipaemic and not haemolytic) can be processed. No other tests can be performed on the sample. Please ensure correct identification of the sample with microchip No., animal's name and owner's name, and barcode where applicable. The test will be canceled if the sample tube is unlabeled or label does not match this submission form.

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