

**Barcode**



**For lab use only**

Barcode	Notes
Date of sample arrival	



**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.

Other

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"

Please use this form only **(complete in capitals or typewritten)**.  
 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

Date of Birth/Age

Breed

Microchip No.

Tattoo No.

Date of implantation

**Rabies vaccination**

Vaccine Brand

Batch No.

Date of last vaccination

Date of sample collection AND microchip reading

I hereby confirm the above details are correct.  
 For Norwegian vets only: 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)

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.

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