

RABIES SEROLOGY SUBMISSION FORM



<p><u>SAMPLING INSTRUCTIONS:</u></p> <ul style="list-style-type: none"> PLEASE COMPLETE ONE SUBMISSION FORM PER ANIMAL SEND A MINIMUM OF 1ML SERUM (PREFERABLE) OR 2ML CLOTTED BLOOD CLEARLY LABEL SAMPLE WITH THE ANIMAL'S NAME AND MICROCHIP NUMBER SAMPLES WILL BE TESTED BY BIOBEST LABORATORIES LTD <p><u>DESTINATION COUNTRY:</u></p>	<p><u>SEND RESULTS TO:</u></p> <p>LIMS REF:</p>
---	---

<p><u>OWNER'S DETAILS:</u></p> <p>NAME:</p> <p>E-MAIL:</p>	<p><u>ADDRESS AND POSTCODE:</u></p>
--	--

<p><u>SUBMITTING VETERINARY SURGEON'S DETAILS:</u></p> <p>PRACTICE / AGENT NAME AND ADDRESS:</p> <p>TEL:</p>	<p><u>SIGNATURE OF SUBMITTING VETERINARY SURGEON*:</u></p> <p>NAME IN BLOCK CAPITALS:</p> <p>DATE:</p> <p>E-MAIL:</p>
--	---

<p><u>ANIMAL'S DETAILS:</u></p> <p>DATE OF BIRTH:</p> <p>MICROCHIP NUMBER:</p> <p>DATE OF SAMPLING & MICROCHIP READING:</p> <p>CAT: DOG:</p>	<p><u>ANIMAL NAME:</u></p> <p style="text-align: center;"><u>RABIES VACCINATION DETAILS</u></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #0070C0; color: white;"> <th style="width: 33%;">DATE</th> <th style="width: 33%;">VACCINE</th> <th style="width: 33%;">BATCH NO</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	DATE	VACCINE	BATCH NO									
DATE	VACCINE	BATCH NO											

*BY SIGNING THIS FORM YOU ARE CONFIRMING THAT THE ANIMAL BEING SAMPLED IS NOT KNOWN TO BE (OR SUSPECTED TO BE) INFECTED WITH A PATHOGEN WHICH CAUSES A NOTIFIABLE DISEASE ACCORDING TO EUROPEAN REGULATIONS OR THE ANIMAL HEALTH REGULATIONS OF THE COUNTRY WHERE THE ANIMAL IS BASED. YOU ARE ALSO CONFIRMING THAT THE ANIMAL IS NOT FROM A REGION OR ZONE OF A COUNTRY THAT IS SUBJECT TO OFFICIAL RESTRICTIONS DUE TO A NOTIFIABLE DISEASE TO WHICH THE ANIMAL IS SUSCEPTIBLE ACCORDING TO EUROPEAN OR OTHER NATIONAL ANIMAL HEALTH REGULATIONS.

BIOBEST USE ONLY:

QC:	RC:	I:
DATE OF RECEIPT:		
BIOBEST NUMBER:		

