RABIES SEROLOGY SUBMISSION FORM

SAMPLING INSTRUCTIONS:

- 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

Destination Country:

SEND RESULTS TO:

VPG Cork
South Cork Industrial Estate
Vicars Road
Cork
Ireland
T12 DNW4

LIMS REF:

OWNER'S DETAILS:

Name:

E-mail:

Address and Postcode:

SUBMITTING VETERINARY SURGEON'S DETAILS:

Practice / Agent Name and Address:

Tel:

Signature of Submitting Veterinary Surgeon*:

Name in BLOCK CAPITALS:

Date:

E-Mail:

ANIMAL'S DETAILS:

Date of Birth:

Microchip Number:

Date of Sampling & Microchip Reading:

Cat: Dog:

Animal Name:

Rabies Vaccination Details

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:		

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