

LABORATORY

RABIES ANTIBODY TEST REQUISITION FORM

Rabies Antibody Testing by the
Fluorescent Antibody Virus Neutralisation Method (FAVN)

مختبر أبحاث
الطب
البيطري
المركزي

OWNER NAME : _____

CONTACT DETAILS : _____

VETERINARIAN NAME : _____

SUBMITTING CLINIC : _____

ADDRESS : _____

RESULTS TO (FAX/EMAIL) : _____

Results will be e-mailed/faxed unless an alternative method is selected.

SELECT PREFERRED ALTERNATIVE, IF REQUIRED (There will be an additional charge) : POST OR COURIER

IMPORT / EXPORT, FROM _____ TO _____

ANIMAL NAME : _____ MICROCHIP NUMBER : _____

SPECIES : _____ BREED : _____

SEX : M F AGE : _____ SERUM COLLECTION DATE (DD/MM/YYYY) : _____

INDICATE LAST VACCINATION DETAILS (Date of last vaccination against rabies, vaccine name, name of manufacturer)

RABIES VACCINATION HISTORY (Please include up to 2 previous vaccination dates if available) :

SIGNATURE OF VETERINARIAN : _____ DATE (DD/MM/YYYY) : _____

Signature affirms that the above information is correct and the microchip number has been verified.

Test will be cancelled if sample tube is unlabelled or arrives without the microchip number.

**CENTRAL
VETERINARY
RESEARCH
LABORATORY**

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w w w . c v r l . a e

*Due to stringent regulations, personnel at CVRL are not permitted to add or change information on the FAVN form. Once results are finalized, no changes to the information on the form can be made by the submitting clinic, even in the case of minor clerical errors. Please check spelling, microchip numbers and dates thoroughly before sending.

FOR OFFICE USE ONLY

CASE ID : _____

LAB NO. : _____

DATE OF ARRIVAL : _____