

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)☐ Urgent sample - result required by

D	D	M	M	Y	Y	Y	Y
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Test cannot be used for diagnosis of rabies infections.

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

Submitting veterinary clinic

Clinicname

Clinic address/Country

Owner

(obligatory 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.

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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.

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

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.

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