



# FAVN REPORT FORM

Rabies Antibody Titer for Export Animals

**The Rabies Laboratory**  
Kansas State University  
2005 Research Park Circle  
Manhattan, KS 66502

**Phone: 785-532-4483**  
Fax : 785-532-4474  
Email: [rabies@vet.ksu.edu](mailto:rabies@vet.ksu.edu)  
[www.vet.ksu.edu/rabies](http://www.vet.ksu.edu/rabies)

RABIES LAB USE ONLY

Results are reported on this form. Please complete on-line and printout. If handwritten, print clearly. Handwritten information is subject to interpretation by laboratory personnel. Once submitted, information cannot be altered\*. **Required fields are bolded.**

**Destination of animal being exported:** \_\_\_\_\_

*Destination information is for laboratory report distribution only.*

**Submitting Clinic:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Veterinarian Name:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Clinic Mailing Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Country:** \_\_\_\_\_ / \_\_\_\_\_ **Zipcode:** \_\_\_\_\_

**Owner Name:** First \_\_\_\_\_ **Last** \_\_\_\_\_

**Animal Name:** \_\_\_\_\_

**Microchip Number:** \_\_\_\_\_ **Serum Draw Date (mm/dd/yyyy):** \_\_\_\_/\_\_\_\_/\_\_\_\_

*If there are two microchip numbers, only the first one will be on the result label.*

**Species/Breed:** \_\_\_\_\_ **Sex:** M ☐ F ☐ **Age:** \_\_\_\_\_

**Rabies Vaccination History:** \_\_\_\_\_

*Vaccination history is for laboratory reference only. Please include up to three recent vaccinations dates if available.*

Samples and test data may be used for general research without compromising client confidentiality. ☐ Opt Out

**Signature of Veterinarian:** \_\_\_\_\_ **Date (mm/dd/yyyy):** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Test will be cancelled if sample tube is unlabeled or arrives without the microchip number\*.

RABIES LAB USE

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**Opened by:** \_\_\_\_\_ **Processed by:** \_\_\_\_\_ **Computer Entry:** \_\_\_\_\_

**Transferred by:** \_\_\_\_\_ **Payment by:** CC \_\_\_\_\_ CK \_\_\_\_\_ **Other** \_\_\_\_\_ **Courier** \_\_\_\_\_



## Guidelines for FAVN Submission for Animals

### Rabies Antibody Testing for Pet Travel

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Manhattan, KS 66502

**Phone:** 785-532-4483  
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A complete FAVN REPORT FORM is required for each sample and must be included with the submission. The form is fillable on-line. Handwritten information must be printed clearly as this form will be used by government officials.

The rabies antibody titer results are reflected on an adhesive sticker which is applied to a copy of the FAVN REPORT FORM – this is the “official” pet travel document. A titer of greater than or equal to 0.50 IU/mL is required for pet travel to rabies-free areas. The original submission form is retained on file at the Rabies Lab. The Microchip Number, Serum Draw Date and Test Result are considered official information. No changes are not allowed after the test is finalized. The submitting clinic is responsible for recording the information correctly and the veterinarian must verify all information is correct before signing the FAVN form.

**Specimen Requirements:** 1 to 2 mL of clear serum in an unbreakable 3-5 mL tube labeled with the animal’s microchip number/name. Test will be cancelled if tube is unlabeled. Note: *A waiting period of 21 to 30 days between rabies vaccination and sample draw is advised for optimum antibody response – however, check with destination for any required wait.*

**Payment:** The submitting clinic listed on the FAVN REPORT FORM is our client, not the pet owner. Payment options include check (payable to KDAS), money order, or the Credit Card Authorization Form. On-line payment also is available at [www.vet.ksu.edu/rabies](http://www.vet.ksu.edu/rabies), click the “Pay Now” button at bottom of page. If you have questions, call (866)884-3867 or email [vdlbusiness@vet.k-state.edu](mailto:vdlbusiness@vet.k-state.edu). The test cost is available on our website and prices are subject to change.

**Packing:** Multiple samples can be sent in shipping box which should contain:

- Each serum sample in a separate clear plastic bag with absorbent towel.
- All submission forms and payment (if not paying on-line) in a clear plastic bag.
- A frozen gel pack and bubble wrap or packing peanuts

**Shipping:** 1 or 2 day shipment via FEDEX, UPS or DHL is recommended.

Address: The Rabies Laboratory, Kansas State University, 2005 Research Park Circle, Manhattan, KS 66502

Packages are received Monday – Friday and the received date is stamped immediately upon opening. You can check the FAVN Sample Status using the microchip number after the sample has been delivered (allow a couple days for data entry). If the serum is drawn on Friday, hold the sample in refrigeration over the weekend. Samples may be stored up to one week before shipping. *International clinics only: An additional copy of the FAVN should be place on the outside of the package for custom agents.*

**Receiving Results:** Please allow 3 to 4 weeks for FAVN test results to be available. If results are needed in 2 weeks or less, contact us or go to [www.vet.ksu.edu/rabies](http://www.vet.ksu.edu/rabies) for expedited STAT service information (requires pre-paid additional fee).

Hawaii, Guam and the Caribbean Islands (excluding Trinidad) require us to send the “official” FAVN REPORT with results directly to their quarantine station. Therefore, the submitting clinic is emailed or faxed the FAVN results.

For all other destinations, the “official” FAVN REPORT is sent to the submitting clinic by U.S. postal service, unless prior arrangements have been made for courier delivery of results. Additionally, the submitting clinic is emailed or faxed a copy of the report. Clinics located outside the United States are sent the “official” report via airmail - although courier service is recommended. Also, we can email or fax the FAVN report to USDA or Quarantine authorities upon request.