



IDEXX Vet·Med·Lab

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	submit it with the sample.	Fax + 49 - /141 - 6483 238 vetmedlab@idexx.com www.idexx.com	
Reason for testing	g	Rabies antibody testing	SK/IN1
United Kingdom		in animals	NL
Ireland	Sweden		
Import into EU	J Malta		
Import to other European countries**		Using "fluorescent antibody virus neutralisation" (FAVN) test according to the O.I.E	
		"Manual of standards of diagnostic tests and vaccines"	
** Please inform yourself about the valid travelling guidelines before travelling to not Europeans countries.		Please use this form only (complete in capitals or typewritten) . In accordance with regulations of the importing countries only fully completed sample submissior forms can be processed.	
Other	and to		
For titer level only		Sample material*: minimum of 1ml Serum	
Submitting veteri	nary clinic	Owner	(obligatory)
Clinicname		Family name/First name	
Clinic address/Country		Address/Country	
		Signature of the owner	
Animal	For import to the UK and the Republic of Ireland a microchip implantation is required prior to the vaccination.	Rabies vaccination	
	required prior to the vaccination.		
Species		Vaccine Brand	
Name		Batch No.	
Sex	Male Female Neutered	Date of last vaccination	M M Y Y Y
Date of Birth/Age		Date of sample collection and microchip reading	M M Y Y Y
Breed		I hereby confirm the above details are correct.	
Microchip-No.			

Date

SK/INT-000-0708

Signature and stamp of the submitting veterinary surgeon

Tattoo No.

Date of implantation

^{*}Please note: ONLY GOOD QUALITY SERUM SAMPLES (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.