

RABIES SEROLOGY CERTIFICATE



<u>SAMPLING INSTRUCTIONS:</u> <ul style="list-style-type: none">PLEASE COMPLETE ONE SUBMISSION FORM PER ANIMALSEND A MINIMUM OF 1ML SERUM (PREFERABLE) OR 2ML CLOTTED BLOODCLEARLY LABEL SAMPLE WITH THE ANIMAL'S NAME AND MICROCHIP NUMBERSAMPLES WILL BE TESTED BY BIOBEST LABORATORIES LTD	<u>SEND SAMPLE TO:</u> BIOBEST LABORATORIES LTD 6 CHARLES DARWIN HOUSE, THE EDINBURGH TECHNOPOLE MILTON BRIDGE, NR PENICUIK EH26 0PY
<u>DESTINATION COUNTRY:</u>	<u>SEND RESULTS TO:</u> OWNER: PRACTICE: AGENT:

<u>OWNER'S DETAILS:</u> NAME: E-MAIL:	<u>ADDRESS AND POSTCODE:</u>
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<u>SUBMITTING VETERINARY SURGEON'S DETAILS:</u> PRACTICE / AGENT NAME AND ADDRESS: TEL:	<u>SIGNATURE OF SUBMITTING VETERINARY SURGEON*:</u> NAME IN BLOCK CAPITALS: DATE: E-MAIL:
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<u>ANIMAL'S DETAILS:</u> DATE OF BIRTH: MICROCHIP NUMBER: DATE OF SAMPLING & MICROCHIP READING: CAT: DOG:	<u>ANIMAL NAME:</u> <u>RABIES VACCINATION DETAILS</u> <table border="1"><thead><tr><th>DATE</th><th>VACCINE</th><th>BATCH NO</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>	DATE	VACCINE	BATCH NO									
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*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.

<u>BIOBEST USE ONLY:</u>
QC: RC: I:
DATE OF RECEIPT:
BIOBEST NUMBER:

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