

# RABIES SEROLOGY SUBMISSION FORM



<p><b><u>SAMPLING INSTRUCTIONS:</u></b></p> <ul style="list-style-type: none"> <li>• PLEASE COMPLETE ONE SUBMISSION FORM PER ANIMAL</li> <li>• SEND A MINIMUM OF 1ML SERUM (PREFERABLE) OR 2ML CLOTTED BLOOD</li> <li>• CLEARLY LABEL SAMPLE WITH THE ANIMAL'S NAME AND MICROCHIP NUMBER</li> <li>• SAMPLES WILL BE TESTED BY BIOBEST LABORATORIES LTD</li> </ul> <p><b><u>DESTINATION COUNTRY:</u></b></p>	<p><b><u>SEND SAMPLE TO:</u></b></p> <p>BIOBEST LABORATORIES LTD 6 CHARLES DARWIN HOUSE, THE EDINBURGH TECHNOPOLE MILTON BRIDGE, NR PENICUIK EH26 0PY</p> <p><b><u>SEND RESULTS TO:</u></b></p> <p>OWNER:                      PRACTICE:                      AGENT:</p>
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<p><b><u>OWNER'S DETAILS:</u></b></p> <p>NAME:</p>  <p>E-MAIL:</p>	<p><b><u>ADDRESS AND POSTCODE:</u></b></p>
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<p><b><u>SUBMITTING VETERINARY SURGEON'S DETAILS:</u></b></p> <p>PRACTICE / AGENT NAME AND ADDRESS:</p>    <p>TEL:</p>	<p><b><u>SIGNATURE OF SUBMITTING VETERINARY SURGEON*:</u></b></p>  <p>NAME IN BLOCK CAPITALS:</p> <p>DATE:</p> <p>E-MAIL:</p>
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<p><b><u>ANIMAL'S DETAILS:</u></b></p> <p>DATE OF BIRTH:</p> <p>MICROCHIP NUMBER:</p> <p>DATE OF SAMPLING &amp; MICROCHIP READING:</p> <p>CAT:                      DOG:</p>	<p><b><u>ANIMAL NAME:</u></b></p>   <p style="text-align: center;"><b><u>RABIES VACCINATION DETAILS</u></b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #0070C0; color: white;"> <th style="width: 33%;">DATE</th> <th style="width: 33%;">VACCINE</th> <th style="width: 33%;">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.

**BIOBEST USE ONLY:**

QC:	RC:	I:
DATE OF RECEIPT:		
BIOBEST NUMBER:		

