



Kansas State Veterinary
DIAGNOSTIC LABORATORY

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.k-state.edu
<http://www.ksvdl.org/rabies-laboratory/>

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

Payment Total: _____

STAT: Courier: Priority / 2-Day / Ground / NBC

For Lab Use Only: Opened by: _____ Processed By: _____
Transferred By: _____ Payment Received: _____

* Please see instructions for FAVN submission and reporting at <http://www.ksvdl.org/rabies-laboratory/>. This submission form is a legal binding contract between KSVDL and the submitting clinic. The submitting clinic is responsible for all fees incurred and is the recipient of the FAVN report. Please see [billing policy](#). Fees may be paid by check (payable to KDAS), credit card, money order or electronic bank transfer. A 1.5% finance charge will be assessed on all charges over 30 days.
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