



# FAVN REPORT FORM

Rabies Antibody Titer for Export Animals

**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  
[www.vet.ksu.edu/rabies](http://www.vet.ksu.edu/rabies)

LAB No. \_\_\_\_\_

**\*\* OFFICIAL \*\*** Results are reported on this form. Please complete on-line and printout. If handwritten, FAVN 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:** \_\_\_\_\_

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

**Name of Veterinarian:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Country:** \_\_\_\_\_ / \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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

*Signature affirms identity of pet and confirms the microchip identification number listed below.*

\* Test will be **CANCELLED** if samples tube is **UNLABELED**.

\* Test will be **CANCELLED** if sample arrives **WITHOUT THE MICROCHIP NUMBER**.

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

*If there are two last names, only the first one will appear on the result of test.*

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

**Microchip No.** \_\_\_\_\_

*If there are two microchip numbers, only the first one will be on the results of test.*

**Serum Draw Date (mm/dd/yyyy):** \_\_\_/\_\_\_/\_\_\_ intact  neutered  Sex: M  F

**Species/Breed:** \_\_\_\_\_/\_\_\_\_\_ **Date of Birth (mm/dd/yyyy):** \_\_\_/\_\_\_/\_\_\_

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

**Result of Test:** (For Lab Use Only)

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

\* Please see instructions for FAVN submission and reporting at [www.vet.ksu.edu/rabies](http://www.vet.ksu.edu/rabies). 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 accessed on all charges over 30 days. Version 05/21/2010.

## CHECKLIST FOR RABIES BLOOD SERUM TEST (FAVN) FOR ANIMAL EXPORT

**The checklist is not required to be sent with your sample(s), please keep for your records.**

<input type="checkbox"/>	<p>Destination requirements have been checked such as microchip brand (is compatible with destination scanners), vaccination date, sample draw date, if there is any quarantine period before travel, if more than one FAVN test is required, etc.</p> <p><b>If you are travelling to New Zealand or your travel date conflicts with the current processing time, please contact the Rabies Laboratory before submitting your sample(s).</b></p>
<input type="checkbox"/>	Information on FAVN Report Form is typed (public libraries provide free internet access in the USA) and the printout is legible.
<input type="checkbox"/>	Animal's name and owner's last name are spelled correctly (including on sample tubes if noted).
<input type="checkbox"/>	Microchip number is correct on FAVN Report Form.
<input type="checkbox"/>	All dates are recorded correctly and written in the format: mm/dd/yyyy.
<input type="checkbox"/>	The owner has reviewed the completed FAVN Report Form(s) before submitting the sample(s).
<input type="checkbox"/>	Veterinarian has signed the FAVN Report Form(s).
<input type="checkbox"/>	If a serum separator tube was used, the serum has been poured off into a red top 3mL tube (with no additives) to send.
<input type="checkbox"/>	<b>Sample tube is labeled with microchip number</b> and the label will not detach or become illegible in transit. The microchip number on the sample tube matches exactly the microchip number on FAVN Report Form.
<input type="checkbox"/>	Cap on sample tube is sealed and will not leak.
<input type="checkbox"/>	Sample tube(s) is in its own Ziploc bag and protected from breakage in the package.
<input type="checkbox"/>	FAVN Report Form(s) is included for each animal and protected in a Ziploc bag from getting wet. If sending samples from overseas, attach a copy of FAVN Report Form on the outside of package.
<input type="checkbox"/>	If payment and Courier Delivery Form are included, they are protected in a Ziploc bag.
<input type="checkbox"/>	Sample(s) is refrigerated sufficiently for duration of trip with frozen gel packs or dry ice only.
<input type="checkbox"/>	<p>Send sample(s) with private overnight or next day courier service. Note: more than one sample and FAVN Report Form can be sent in the same package. Mail sample(s) to the below address:</p> <p style="text-align: center;"><b>Rabies Laboratory Kansas State University 2005 Research Park Circle Manhattan, KS 66502</b></p>
<input type="checkbox"/>	Please check website for current turnaround time; it can range from 3 to 5 weeks or longer after receipt of sample plus mail time. Turnaround time will be longer if the test needs to be rerun or a delay occurs that is beyond the laboratory's control. It will also take longer to receive your results if the sample is sent through a reference lab. If possible, we recommend that no concrete travel plans be made until you have received your results.

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