



**SUBMISSION FORM FOR
 RABIES SERUM NEUTRALISING ANTIBODY TEST**

Please complete all the details and enclose this form with the specimen or fax it to the Rabies Unit. Please allow 14 days for completion of the test. At least 2ml of serum are required. Label serum tubes clearly.

Purpose of test request (check one)

- Pet export certification (complete box on right)
- Check post-exposure protection
- Other (specify)

Country of destination

Scheduled departure date

Submitting Veterinarian

Name:

Address (postal):

Tel: Fax:

Owner

Name:

Address:

Details of animal

Name:

Microchip number and scanner type:

Date blood drawn:

Species: Breed:

Age / Date of birth:

Sex: Neutered / Spayed:

Colour:

Date of rabies vaccinations:

First vaccination	Previous vaccination	Last vaccination

Sender details:

Name and rank / title

Signature

Date

For office use only

Rabies no:

Reg no:

Date received:

Time received:

Volume of serum:

Disclaimer

1. The ARC-OVI reserves the right to refuse the acceptance and testing of unsuitable samples.
2. The ARC-OVI does not accept responsibility for the damage of samples en route to the Diagnostic Registration office.
3. The acceptance of samples at Diagnostic Registration office does not guarantee the suitability of samples for testing.
4. The ARC-OVI reserves the right not to test the samples if the Sample Submission form is not signed.
5. The ARC-OVI reserves the right to refuse testing if the client's account is overdue for more than sixty (60) days.
6. The sender will be held responsible for the account if not otherwise instructed.
7. Should someone other than the sender be responsible for payment the relevant contact details and signature should appear on the form.
8. All samples will be analysed subject to the Animal Disease Act, 1984 (Act No. 35 of 1984).