



FAVN Report Form - Rabies Antibody Titer for Export Animals

K-State Rabies Laboratory
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LAB No. _____

**** Official **** Results are reported on this form. Please complete on-line and print-out or use a typewriter. If FAVN handwritten, print clearly. If unclear, handwritten information is subject to interpretation by laboratory personnel. Once submitted, information cannot be altered**. **Required fields are bolded.**

DESTINATION of animal being exported: _____

From: *The submitter is responsible for all fees incurred and is the recipient of the FAVN Report**.*

Submitting Clinic: _____ **Phone:** _____

Name of veterinarian: _____ **FAX:** _____

Address: _____ **email:** _____

City: _____ **State/Country:** ____ / _____ **Zip Code:** _____

Signature of veterinarian: _____ **Date** (mo/dd/ yyyy): _____

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

****UNLABELED sample tubes or samples received WITHOUT MICROCHIP# are DISCARDED upon receipt****

Name of Owner: Last _____ **First** _____

Name of Animal: _____

Microchip No. _____

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

Serum Draw Date (mo/dd/yyyy): _____ Sex: M__ F__ Circle: Intact/neutered

Species/Breed: _____ Date of Birth (mo/dd/yyyy): _____

Rabies Date _____ Product/serial # _____ Route: _____

vaccination Date _____ Product/serial # _____ Route: _____

history Date _____ Product/serial # _____ Route: _____

Result of Test: _____ (For Lab Use Only)

Opened by: _____ Processed by: _____ Computer Entry: _____ Reviewed by: _____

**Please see FAVN submission instruction sheet for complete information for submission and reporting. This submission form is a legal binding contract between KSVDL and the submitting clinic. Fees may be paid by check (payable to KDAS) money order or credit card. All fees incurred are the responsibility of the submitting clinic. A 1.5% finance charge will be accessed on all charges over 30 days. Version 10/29/2009