Rabies Serology for Vaccine Titer Response by RFFIT
For Animal Specimens Only
K-State Rabies Laboratory

Manhattan/K-State Innovation Center tel: 785-532-4483 fax: 785-532-4474
2005 Research Park Circle Manhattan, KS 66502 www.vet.ksu.edu/rabies

Veterinarian _____
Clinic Name _____
Address _____
City _____State____ Zip _____ Country _____
Phone Number _____ Fax Number _____
Email _____

For KSVDL Rabies Lab Use Only

Lab Number

Please provide all requested information. Blanks may delay processing. Please TYPE or complete online and print. Handwritten information is open to interpretation by this laboratory.

Animal/Specimen Information

Last, First Name / ID #	Species / Breed	Sex	Age	Rabies Vaccination History	Rabies Titer History	Date of Draw

Signature of Submitter: _____ Date: _____

Results and invoice will be sent to submitter unless otherwise specified.

Note: This form requests Rabies Serology for Vaccine Titer Response ONLY. For animals being exported to rabies free areas, fill out the FAVN Report Form – Rabies Antibody Titer for Export Animals.

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

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.

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