

**LABORATORY**

# RABIES ANTIBODY TEST REQUISITION FORM

مختبر أبحاث  
الطب  
البيطري  
المركزي

Rabies Antibody Testing by the  
Fluorescent Antibody Virus Neutralisation Method (FAVN)

OWNER NAME : \_\_\_\_\_

CONTACT DETAILS : \_\_\_\_\_

VETERINARIAN NAME : \_\_\_\_\_

SUBMITTING CLINIC : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

RESULTS TO (FAX/EMAIL) : \_\_\_\_\_

Results will be e-mailed/faxed unless an alternative method is selected.

SELECT PREFERRED ALTERNATIVE, IF REQUIRED (There will be an additional charge) : POST  OR COURIER

IMPORT/ EXPORT, FROM \_\_\_\_\_ TO \_\_\_\_\_

ANIMAL NAME : \_\_\_\_\_ MICROCHIP NUMBER : \_\_\_\_\_

SPECIES : \_\_\_\_\_ BREED : \_\_\_\_\_

SEX : M  F  AGE : \_\_\_\_\_ SERUM COLLECTION DATE (DD/MM/YYYY) : \_\_\_\_\_

INDICATE LAST VACCINATION DETAILS (Date of last vaccination against rabies, vaccine name, name of manufacturer)

\_\_\_\_\_

RABIES VACCINATION HISTORY (Please include up to 2 previous vaccination dates if available) :

\_\_\_\_\_

SIGNATURE OF VETERINARIAN : \_\_\_\_\_ DATE (DD/MM/YYYY) : \_\_\_\_\_

Signature affirms that the above information is correct and the microchip number has been verified.

Test will be cancelled if sample tube is unlabelled or arrives without the microchip number.

**CENTRAL  
VETERINARY  
RESEARCH  
LABORATORY**

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c v r l @ c v r l . a e  
w w w . c v r l . a e

\*Due to stringent regulations, personnel at CVRL are not permitted to add or change information on the FAVN forms. Once results are finalized, no changes to the information on the form can be made by the submitting clinic, even in the case of minor clerical errors. Please check spelling, microchip numbers and dates thoroughly before sending.

FOR OFFICE USE ONLY

CASE ID : \_\_\_\_\_

LAB NO. : \_\_\_\_\_

DATE OF ARRIVAL : \_\_\_\_\_