



# FAVN REPORT FORM

Rabies Antibody Titer for Export Animals

**The 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)

RABIES LAB USE ONLY

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

*Destination information is for laboratory report distribution only.*

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

**Veterinarian Name:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Clinic Mailing Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Country:** \_\_\_\_\_ / \_\_\_\_\_ **Zipcode:** \_\_\_\_\_

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

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

**Microchip Number:** \_\_\_\_\_ **Serum Draw Date (mm/dd/yyyy):** \_\_\_\_/\_\_\_\_/\_\_\_\_

*If there are two microchip numbers, only the first one will be on the result label.*

**Species/Breed:** \_\_\_\_\_ **Sex:** M  F  **Age:** \_\_\_\_\_

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

*Vaccination history is for laboratory reference only. Please include up to three recent vaccinations dates if available.*

Samples and test data may be used for general research without compromising client confidentiality.  *Opt Out*

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

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

Test will be cancelled if sample tube is unlabeled or arrives without the microchip number\*.

RABIES LAB USE

RABIES  
LAB  
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Opened by: \_\_\_\_\_ Processed by: \_\_\_\_\_ Computer Entry: \_\_\_\_\_

Transferred by: \_\_\_\_\_ Payment by: CC \_\_\_\_\_ CK \_\_\_\_\_ Other \_\_\_\_\_ Courier \_\_\_\_\_

# The Kansas State University Rabies Laboratory

## Checklist for Animal Export

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### **Destination requirements have been verified, such as:**

- is microchip brand compatible with destination scanners?
- is timing of the vaccination(s) and sample draw date correct?
- is there a quarantine period before travel?
- is more than one FAVN test required?

### **“FAVN REPORT FORM” Instructions:**

- Information is typed, or if handwritten, printed clearly.
- Microchip number is verified and correct.
- Animal’s name and owner’s last name are spelled correctly.
- Dates are correct and in format: mm/dd/yyyy.
- Pet owner has reviewed the completed form.
- Veterinarian has signed the form.
- If payment and “COURIER DELIVERY FORM” are included, they are attached to the “FAVN REPORT FORM”(s) in a sealed plastic bag inside the package.

### **Specimen Requirements:**

- If serum separator tube was used, the serum has been transferred into a plastic leak-proof 5mL tube with no additives.
- Sample tube is labeled with microchip number which matches exactly the microchip number on the “FAVN REPORT FORM”.
- Sample tube label will not detach or become illegible.
- Sample tube cap is sealed to prevent leakage.
- Sample tube is in sealed plastic bag with absorbent material and sufficient cushioning to prevent breakage.
- Sample tube is shipped with frozen gel packs.

### **Shipping Instructions:**

- International clients – Check for customs regulations and include declaration. Attach a copy of the “FAVN REPORT FORM” to the outside of the package.
- Send sample by a courier delivery service that allows package tracking to:

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2005 Research Park Circle  
Manhattan, KS 66502  
U.S.A.

### **Processing Time:**

- Refer to our website at [www.vet.ksu.edu/rabies](http://www.vet.ksu.edu/rabies) or call our laboratory at 785-532-4483 for the current turnaround time and prices, as they are subject to change. *If you need results in less than 3 weeks, contact our laboratory before submitting your samples.*