

RABIES SEROLOGY CERTIFICATE



SAMPLING INSTRUCTIONS:

- PLEASE COMPLETE ONE SUBMISSION FORM PER ANIMAL
- SEND A MINIMUM OF 1ML SERUM (PREFERABLE) OR 2ML CLOTTED BLOOD
- CLEARLY LABEL SAMPLE WITH THE ANIMAL'S NAME AND MICROCHIP NUMBER
- SAMPLES WILL BE TESTED BY BIOBEST LABORATORIES LTD

Send Sample to:

Batt Laboratories Ltd
University of Warwick Science Park
The Venture Centre
Sir William Lyons Road, Coventry
CV4 7EZ

BATT LAB Ref:

OWNER'S DETAILS:

Name:

Address And Postcode (OPTIONAL):

SUBMITTING VETERINARY SURGEON'S DETAILS

Veterinary Practice Name, Address and Postcode:

Telephone:

Signature of submitting veterinary surgeon*: (blue ink preferred)

Name in BLOCK CAPITALS:

Date: (DD-MMM-YYYY e.g. 08-Jun-2022)

E-Mail:

ANIMAL'S DETAILS

Date of Birth: (DD-MMM-YYYY e.g. 08-Jun-2022)

Microchip Number:

AVID Microchip Number (if applicable):

Date of Blood Sampling & Microchip Reading: (DD-MMM-YYYY e.g. 08-Jun-2022)

Cat:

Dog:

Animal Name:

RABIES VACCINATION DETAILS:

Date: (DDMMYY)	Vaccine:	Batch No:

*By signing this form you are confirming that all information on this form is true and correct. You confirm that the animal being sampled is not known to be (or suspected to be) infected with a pathogen which causes a notifiable disease according to European regulations or the animal health regulations of the country where the animal is based. You are also confirming that the animal is not from a region or zone of a country that is subject to official restrictions due to a notifiable disease to which the animal is susceptible according to European or other national animal health regulations.

BIOBEST USE ONLY:

QC:	I:
Biobest No:	
Date of Receipt:	