

RABIES ANTIBODY TEST CERTIFICATE AND SUBMISSION FORM



RESEARCH INSTITUTE FOR ANIMAL SCIENCE IN
BIOCHEMISTRY & TOXICOLOGY
3-7-11 Hashimotodai, Midoriku, Sagamihara, Kanagawa 252-0132, Japan
TEL: +81(0)42-762-2819, FAX: +81(0)42-762-7979
E-mail: rabies@riasbt.or.jp (attn: RABIES ANTIBODY TEST)
URL: https://www.riasbt.jp/ (RIAS website)

1. Please complete one submission form per one animal.
2. Please send a minimum of 1 mL of serum (*plasma is unacceptable) clearly labelled with the animal's microchip number.
3. All the serum samples should be sent in refrigerated or frozen state in triple packaging (see IATA packing instruction 650). Plastic tubes with screw cap should be used as primary receptacles.
4. Please send serum samples using an international courier service (e.g. EMS) and ensure that completed submission forms are enclosed.
5. No certificate can be issued without the signature of a submitting veterinary surgeon. Please make sure he/she has signed in the designated column.

**Send sample to: RESEARCH INSTITUTE FOR ANIMAL SCIENCE IN BIOCHEMISTRY AND TOXICOLOGY
3-7-11 Hashimotodai, Midoriku, Sagamihara, Kanagawa 252-0132, Japan**

Payment:	Payment should be made in advance. Please pay to the bank account below by bank remittance. Please note that bank transfer fee will be borne by the client. Please note that testing will only commence after completion of the bank remittance is confirmed.
Bank account:	MIZUHO BANK MACHIDA BRANCH 1140722
Price of Test	15,000 Japanese Yen (Including tax)

FOR OWNER'S USE		Date of submission: _____ year/month/day
Name:		
Address:		
	Postcode	TEL&FAX:

FOR SUBMITTING VETERINARY SURGEON'S USE			
Names of practice and veterinary surgeon		Signature of veterinary surgeon and date signed	
Address:			
	Postcode	TEL&FAX:	
Animal's details			
Animal Species:	Please check the appropriate box <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other(Please specify) _____	Microchip Number:	
Pet's name	Pet's name: _____	Date of Implantation of Microchip	
Breed	Breed: _____	Date of Blood drawing:	
Date of Birth:			

Rabies Vaccination History (The last two times) * Please check the appropriate box

Date	Vaccine Product Name	Valid Period of Immunity*	Vaccine Manufacturer	Lot Number
		<input type="checkbox"/> 1year • <input type="checkbox"/> 2years • <input type="checkbox"/> 3years		
		<input type="checkbox"/> 1year • <input type="checkbox"/> 2years • <input type="checkbox"/> 3years		
		<input type="checkbox"/> 1year • <input type="checkbox"/> 2years • <input type="checkbox"/> 3years		

For RIAS use only		Fluorescent Antibody Virus Neutralization test (FAVN) This is to certify the test result stated to the left (Antibody level must be 0.5IU/mL or above.).		Research Institute for Animal Science in Biochemistry & Toxicology	
Date of Sample Receipt		Sample Ref. Number		Date of Certificate Issue	
	year/month/day		R: _____		year/month/day