

# 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 animal. Please check the appropriate box regarding "animal species".
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 with refrigerated packaging, ensuring that completed submission forms are enclosed.
4. Please send serum samples to arrive on weekdays.
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**

<b>Payment:</b>	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.
<b>Bank account:</b>	MIZUHO BANK MACHIDA BRANCH 1140722
<b>Price of Test</b>	15,000 Japanese Yen (Including tax)

<b>FOR OWNER'S USE</b>	Date of submission: _____ year/month/day	Estimated date of departure: _____ year/month/day
<b>Name:</b>	_____	
<b>Address:</b>	_____	
	<b>Postcode</b>	<b>TEL&amp;FAX:</b>

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

**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		

<b>For RIAS use only</b>	Fluorescent Antibody Virus Neutralization test (FAVN)		Research Institute for Animal Science in Biochemistry & Toxicology							
<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> IU/mL							This is to certify the test result stated to the left (Antibody level must be 0.5IU/mL or above.).			
<b>Date of Sample Receipt</b>	_____ year/month/day	<b>Sample Ref. Number</b>	<b>R</b> _____	<b>Date of Certificate Issue</b>	_____ year/month/day					

**Date of reissue**