

RABIES ANTIBODY TEST CERTIFICATE AND SUBMISSION FORM



RESEARCH INSTITUTE FOR ANIMAL SCIENCE IN
BIOCHEMISTRY & TOXICOLOGY
3-7-11 Hashimotodai, Midoriku, Sagami-hara, 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, Sagami-hara, 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	Estimated date of departure: _____ 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							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> </tr> </table> IU/mL											
Date of Sample Receipt	_____ year/month/day	Sample Ref. Number	R _____	Date of Certificate Issue	_____ year/month/day						