

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: http://www.riasbt.or.jp/ (RIAS homepage)

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	13,000 Japanese Yen (Including tax)

FOR OWNER'S USE		Date of submission:	申請日期 year/month/day
Name:	飼主姓名		
Address:	飼主地址		
Postcode	TEL&FAX: 飼主電話		

FOR SUBMITTING VETERINARY SURGEON'S USE			
Names of practice and veterinary surgeon	動物醫院名稱 + 獸醫師姓名	Signature of veterinary surgeon and date signed	獸醫師簽名 + 簽發日期
Address:	獸醫院地址 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:	晶片號碼
Pet's name	Pet's name:	Date of Implantation of Microchip	晶片植入日期(若與寵物登記證之原始登記日期不一致, 應請獸醫師說明原因、加註正確之晶片植入日期、簽名並蓋醫院章; 自國外輸入者可提供輸出國檢疫證明書佐證。)
Breed	Breed: 寵物品種	Date of Blood drawing:	抽血日期
Date of Birth:	寵物生日		

Rabies Vaccination History * Please check the appropriate box				
Date	Vaccine Product Name	Valid Period of Immunity*	Vaccine Manufacturer	Lot Number
	狂犬病注射資訊, 請確認與狂犬病	<input type="checkbox"/> 1year · <input type="checkbox"/> 2years · <input type="checkbox"/> 3years		
	注射證明書登載之資訊一致	<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)		Research Institute for Animal Science in Biochemistry & Toxicology	
This is to certify the test result stated to the left (Antibody level must be 0.5IU/mL or above.)		IU/mL			
Date of Sample Receipt	year/month/day	Sample Ref. Number	R	Date of Certificate Issue	year/month/day

本欄應由獸醫師填寫, 並請確認資訊正確無誤, 且與狂犬病注射證明登載資訊一致

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: http://www.riasbt.or.jp/ (RIAS homepage)

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	13,000 Japanese Yen (Including tax)

FOR OWNER'S USE		Date of submission: _____
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		* 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	