



Kansas State Veterinary  
DIAGNOSTIC LABORATORY

Kansas State University Rabies Laboratory - Manhattan, KS 66502

# FAVN REPORT FORM

Rabies Antibody Titer for Export Animals

**The Rabies Laboratory**  
Kansas State University  
2005 Research Park Circle  
Manhattan, KS 66502

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Email: rabies@vet.k-state.edu  
<http://www.ksvdl.org/rabies-laboratory/>

RABIES LAB USE ONLY

Results are reported on this form. Please complete on-line and printout. If handwritten, print clearly. Handwritten information is subject to interpretation by laboratory personnel. Once submitted, information cannot be altered\*. **Required fields are bolded.**

**Destination of animal being exported:** \_\_\_\_\_  
*Destination information is for laboratory report distribution only.*

**Submitting Clinic:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Veterinarian Name:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Clinic Mailing Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Country:** \_\_\_\_\_ / \_\_\_\_\_ **Zipcode:** \_\_\_\_\_

**Owner Name:** First \_\_\_\_\_ **Last** \_\_\_\_\_

**Animal Name:** \_\_\_\_\_

**Microchip Number:** \_\_\_\_\_ **Serum Draw Date (mm/dd/yyyy):** \_\_\_\_/\_\_\_\_/\_\_\_\_

*If there are two microchip numbers, only the first one will be on the result label.*

**Species/Breed:** \_\_\_\_\_ **Sex:** M  F  **Age:** \_\_\_\_\_

**Rabies Vaccination History:** \_\_\_\_\_

*Vaccination history is for laboratory reference only. Please include up to three recent vaccinations dates if available.*

Samples and test data may be used for general research without compromising client confidentiality.  *Opt Out*

**Signature of Veterinarian:** \_\_\_\_\_ **Date (mm/dd/yyyy):** \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Signature affirms that the above information is correct and the microchip number has been verified.*  
Test will be cancelled if sample tube is unlabeled or arrives without the microchip number\*.

RABIES LAB USE

Payment Total: \_\_\_\_\_

STAT:  Courier:  Pay for: International / Domestic

NBC:  FedEx / UPS / DHL Account # \_\_\_\_\_

**For Lab Use Only:** Opened by: \_\_\_\_\_ Processed By: \_\_\_\_\_  
Transferred By: \_\_\_\_\_ Payment Received: \_\_\_\_\_

\* Please see instructions for FAVN submission and reporting at <http://www.ksvdl.org/rabies-laboratory/>. This submission form is a legal and binding contract between KSVDL and the submitting entity. Specimens submitted become the property of the KSVDL. All fees, to include collection fees, are the responsibility of the submitting entity and all entities must adhere to the [billing policy](#). Fees may be paid by check (payable to Kansas State University), credit card, money order, or electronic bank transfer. A 1.5% finance charge will be assessed on all charges over 60 days.