

**RABIES ANTIBODY TEST
CERTIFICATE AND
SUBMISSION FORM**



JIS Q 17025:2018(ISO/IEC 17025:2017)

RESEARCH INSTITUTE FOR ANIMAL SCIENCE IN
BIOCHEMISTRY & TOXICOLOGY Ver.20250924
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 (Dedicated email address)
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. Please send serum samples to arrive on weekdays.
4. No certificate can be issued without the signature of blood sampling veterinary surgeon. Please make sure he/she has signed in the designated column.
5. This certificate shall not be reproduced without permission of our laboratory.

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 (Swift code : MHCBJPJT)
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 VETERINARY SURGEON'S USE			
Name of veterinary practice and veterinary surgeon		Signature of blood sampling 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:		Date of implantation of microchip	
breed:		Date of blood sampling:	
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	This result certifies only the above animal.		Research Institute for Animal Science in Biochemistry & Toxicology	
	Fluorescent antibody virus neutralization test (FAVN)			
	This is to certify the test result stated to the left (Antibody level must be 0.5 IU/mL or above.).			

Date of sample receipt	year/month/day	Sample ref. number	R		Date of certificate issue	year/month/day
Testing period	~				Inspection certificate approver	
	year/month/day			year/month/day		

RIAS is only responsible for the information in 'For RIAS use only'.