



Kansas State Veterinary
DIAGNOSTIC LABORATORY

RFFIT Submission Form for Animals

Rabies Antibody Titer for Vaccine Response

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

Phone: 785-532-4483
Fax : 785-532-4474
Email: rabies@vet.k-state.edu
<http://www.ksvdl.org/rabies-laboratory/>



Veterinarian _____
Clinic Name _____
Address _____
City _____ State _____ Zip _____ Country _____
Phone Number _____ Fax Number _____
Email _____

For KSVDL Rabies Laboratory Use Only

Animal/Specimen Information: If no specific test type is requested, sample will be run as an Endpoint.
Note: For pets traveling to rabies-free areas, please fill out the [FAVN Report Form for Export Animals](#).

Name / ID#	Test Type (Check One)	Sex	Age	Species / Breed	Rabies Vaccination History	Rabies Titer History	Date of Draw
	<input type="checkbox"/> Endpoint <input type="checkbox"/> Screen						
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Signature of Submitter: _____ **Date:** _____
Results will be sent to submitting clinic unless otherwise specified.

For Lab Use Only: Opened by: _____ Processed By: _____
Transferred By: _____ Payment Received: _____