

# Rabies Serology for Vaccine Titer Response by RFFIT For Animal Specimens Only

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

tel: 785-532-4483  
fax: 785-532-4474  
www.vet.ksu.edu/rabies



**Veterinarian** \_\_\_\_\_  
 Clinic Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Email \_\_\_\_\_

For KSVDL Rabies Lab Use Only

Lab Number

Please provide all requested information. Blanks may delay processing. Please TYPE or complete online and print. Handwritten information is open to interpretation by this laboratory.

## Animal/Specimen Information

Last, First Name / ID #	Species / Breed	Sex	Age	Rabies Vaccination History	Rabies Titer History	Date of Draw

Signature of Submitter: \_\_\_\_\_ Date: \_\_\_\_\_

Results and invoice will be sent to submitting clinic unless otherwise specified.

**Note: This form requests Rabies Serology for Vaccine Titer Response ONLY. For animals being exported to rabies free areas, fill out the FAVN Report Form – Rabies Antibody Titer for Export Animals.**

Opened by: \_\_\_\_\_ Processed by: \_\_\_\_\_ Computer Entry: \_\_\_\_\_

This submission form is a legal binding contract between KSVDL and the submitting clinic. Fees may be paid by check (payable to KDAS), money order or credit card. All fees incurred are the responsibility of the submitting clinic. A 1.5% finance charge will be assessed on all charges over 30 days.