



## RABIES SUBMISSION AND LABORATORY TEST REPORT

### FOR LABORATORY USE ONLY

Date received:		Rabies no:		<b>RESULT:</b>
Time received:		Laboratory ref. no:		
Date tested:		Sample condition:		
Test method used:	RAB-LP-01-1: Rabies Direct Fluorescent Antibody Test			

<b>SENDER</b>	Name:				Ref #:					
	Address:									
	Cell:				Tel:					
	Email:				Fax:					
	Signature:				Date:					
<b>OWNER (or STRAY)</b>	Name:				Tel:					
	Address:									
<b>FARM (IF APPLICABLE)</b>	Farm name:				Farm no:					
	District road:									
<b>LOCATION OF CASE</b>	District Municipality:									
	Local Municipality:									
	Geographic location:		East:		South:					
<b>SPECIES*</b>	Canine		Feline		Bovine		Ovine		Caprine	
	Equine		Porcine		Other		Specify:			
<b>SAMPLE TYPE*</b>	Carcass		Brain		Head					
<b>AGE (IF DOG)*</b>	Puppy (< 6 months)				Juvenile (6-12 mths)				Adult (> 12mths)	
<b>SEX (IF DOG)*</b>	Male				Female					
<b>CLINICAL HISTORY</b>	Date first symptoms:				Date of death:					
<b>VACCINATION HISTORY (DOGS ONLY)*</b>	Unknown				Not vaccinated				Vaccinated; date unknown	
	Vaccinated; date:				State				Private	
<b>HUMAN CONTACTS (NUMBER OF)</b>	Unknown:									
	Saliva or handling contact (Category 1):									
	Superficial bites; no bleeding (Category 2):									
	Superficial or deep bites; wounds bleeding (Category 3):									

### CONTACT DETAILS (OF HUMAN CONTACTS)

Name; street address:		Tel:
Name; street address:		Tel:
Name; street address:		Tel:

### FOR LABORATORY PERSONNEL ONLY:

Technical Signatory: \_\_\_\_\_ Date: \_\_\_\_\_  
State Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_

### COMMENTS

\* Please tick as applicable.  
This report shall not be reproduced except in full.  
The test result in this report refers only to the sample tested.  
Thank you for submitting the sample to Allerton P.V.L.  
Do not hesitate to contact us should you have any queries.