



## 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:				
	SV Office (if diff. from sender):	Email:			Tel:
	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):				
<b>CONTACT DETAILS (OF HUMAN CONTACTS)</b>					
Name; street address:					Tel:
Name; street address:					Tel:
Name; street address:					Tel:
<b>FOR LABORATORY PERSONNEL ONLY:</b>				<b>COMMENTS</b> * Please tick as applicable. The test result applies only to the sample that was tested, as received from the client. All client and sample information is reported as provided. This report shall not be reproduced except in full.	
Tested by (TS): _____		Date: _____			
Authorised by (SV): _____		Date: _____			