

Rabies Antibody Test

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AAHL SAN Number
(AAHL Use Only)

<u>Submitter Reference Number (optional):</u> <input type="text"/>	<u>Owner:</u> Name: Town/Suburb: Postcode: Country/State:
<u>Submitter:</u> Town/Suburb: Postcode: Country/State: Email: <input type="text"/> Telephone (business): Telephone (after hours): FAX:	<u>Animal Details:</u> Species: Age: Years <input type="text"/> Months <input type="text"/> Date of microchip reading: Date of last rabies vaccination : Vaccine make: Vaccine batch number:
<u>Forward Account to:</u> <u>Send additional copies of reports to:</u>	
<u>Specimen Details (Owner's name, Animal's name, Microchip number):</u> To avoid the return of specimens, please label all tubes with these details as well.	
Examination requested: <i>RABIES TEST FOR ANIMAL EXPORT TO THE UK</i>	
<u>Date specimens collected:</u> <u>Date of export (optional):</u>	<u>Date of dispatch to AAHL:</u>
<u>Signature of submitter (please print name underneath):</u>	<u>Date specimens received at AAHL:</u> (AAHL to complete)

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