



Kansas State Veterinary
DIAGNOSTIC LABORATORY

Prospective Serologic Monitoring for Animals

Rabies Antibody Test for
Anamnestic Response



For KSVDL Rabies Laboratory Use Only

RFF-1057

Testing Laboratory Information:

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 _____

Animal Name	Patient ID	Test Type	Sex	Age	Species / Breed	Rabies Vaccination History
		ENDPOINT				

Pre-Sample Draw Date: _____

Post-Sample Draw Date: _____

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: _____

Please see instructions for RFFIT submission and reporting at <http://www.ksvdl.org/rabies-laboratory/>. This submission form is a legal and binding contract between KSVDL and the submitting entity. Specimens submitted become the property of the KSVDL. All fees, to include collection fees, are the responsibility of the submitting entity and all entities must adhere to the [billing policy](#). Fees may be paid by check (payable to KDAS), credit card, money order, or electronic bank transfer. A 1.5% finance charge will be assessed on all charges over 60 days.