



## 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>			
Tested by (TS): _____			Date: _____			* 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.			
Authorised by (SV): _____			Date: _____						