

SEROLOGY-VIROLOGY
DEPARTMENT OF PATHOBIOLOGY
COLLEGE OF VETERINARY MEDICINE



OFFICE USE ONLY

DATE: _____

ASSIGNED _____

VOLUME _____

1130 Wire Road / 261 Greene Hall
Auburn University
Auburn, AL 36849-5519
Contact person: Theresa Wood (Virology Lab Manager)

FAVN REPORT FORM

E-mail: virology@vetmed.auburn.edu
Phone: 334-844-2659
Fax: 334-844-2652

OWNER INFORMATION (ALL FIELDS REQUIRED)	CLINIC & BILLING INFORMATION: (ALL FIELDS REQUIRED)
NAME	REFERRING VETERINARIAN:
ADDRESS	CLINIC NAME
CITY	ADDRESS
STATE	CITY
ZIP CODE	STATE
ANIMAL NAME	ZIP CODE
SPECIES	LICENSE NO
BREED	STATE
SEX	PHONE
AGE	RESULTS (check all that apply)
MONTH	EMAIL
YEAR	FAX
MICROCHIP NUMBER:	
(ONLY tubes labeled with name & chip number will be processed)	

REPORT(S) SENT VIA FEDERAL EXPRESS: YES NO
(Federal Express fee does not include testing fee)

DESTINATION OF ANIMAL BEING EXPORTED: DATE COLLECTED:

RABIES VACCINATION HISTORY:


SIGNATURE OF VETERINARIAN: DATE:
Signature acknowledges identity of animal and microchip number

LAB USE ONLY:
THE SERUM SAMPLE HAS BEEN TESTED FOR ANTIBODIES TO RABIES VIRUS BY THE OIE-FAVN TEST

RESULT LABEL

ACCESSION #:
RECEIVED DATE:
MICROCHIP #:
TITER:

OFFICIAL STAMP



Theresa Wood, Lead Medical Technologist, Virology Laboratory
Auburn University, College of Veterinary Medicine
261 Greene Hall Auburn University, AL 36849-5519

A titer of 0.5 IU/ml or above indicates an acceptable rabies antibody level for the purpose of export.