

SEROLOGY-VIROLOGY
DEPARTMENT OF PATHOBIOLOGY
COLLEGE OF VETERINARY MEDICINE



OFFICE USE ONLY

DATE: _____

ASSIGNED _____

VOLUME _____

Shipping Address
350 Greene Hall Annex, 1130 Wire Road
Auburn University, AL 36849-5519
Contact person: Theresa Wood (Virology Lab Manager)

FAVN REPORT FORM

E-mail: rabies@auburn.edu

Phone: 334-844-2690

OWNER INFORMATION (ALL FIELDS REQUIRED)

NAME
ADDRESS
CITY
STATE ZIP CODE
ANIMAL NAME
SPECIES BREED
SEX
AGE MONTH YEAR
MICROCHIP NUMBER:
(ONLY tubes labeled with name & chip number will be processed)

CLINIC & BILLING INFORMATION: (ALL FIELDS REQUIRED)

REFERRING VETERINARIAN:
CLINIC NAME
ADDRESS
CITY
STATE ZIP CODE
LICENSE NO STATE
PHONE
RESULTS (check all that apply)
EMAIL
FAX

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.