

RABIES ANTIBODY TEST CERTIFICATE AND SUBMISSION FORM



RESEARCH INSTITUTE FOR ANIMAL SCIENCE IN
BIOCHEMISTRY & TOXICOLOGY
3-7-11 Hashimotodai, Midoriku, Sagamihara, Kanagawa 252-0132,
Japan
TEL: +81(0)42-762-2819, FAX: +81(0)42-762-7979
E-mail: rabies@riasbt.or.jp (attn: RABIES ANTIBODY TEST)
URL: http://www.riasbt.or.jp/ (RIAS homepage)

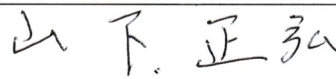
1. Please complete one submission form per animal. Please check the appropriate box regarding "animal species".
2. Please send a minimum of 1 mL of serum (*plasma is unacceptable) clearly labelled with the animal's microchip number.
3. All the serum samples should be sent with refrigerated packaging, ensuring that completed submission forms are enclosed.
4. Please send serum samples to arrive on weekdays.
5. No certificate can be issued without the signature of a submitting veterinary surgeon. Please make sure he/she has signed in the designated column.

Send sample to: **RESEARCH INSTITUTE FOR ANIMAL SCIENCE IN BIOCHEMISTRY AND TOXICOLOGY**
3-7-11 Hashimotodai, Midoriku, Sagamihara, Kanagawa 252-0132, Japan

Payment:	Payment should be made in advance. Please pay to the bank account below by bank remittance. Please note that bank transfer fee will be borne by the client. Please note that testing will only commence after completion of the bank remittance is confirmed.
Bank account:	MIZUHO BANK MACHIDA BRANCH 1140722
Price of Test	13,000 Japanese Yen (Including tax)

FOR OWNER'S USE	Date of submission: 2025年3月12日 year/month/day	Estimated date of departure: _____ year/month/day
Name:	TOMOMI OKADA	
Address:	4783-5 Nishigiba Ube CITY YAMAGUCHI JAPAN	
Postcode	TEL&FAX:	090-5627-5393

FOR SUBMITTING VETERINARY SURGEON'S USE

Names of practice and veterinary surgeon	Yamashita Veterinary Department	Signature of veterinary surgeon and date signed	 2025/3/11
Address:	5-60 Shima Ogumacyou HashimaCITY GIFU JAPAN		
Postcode	TEL&FAX:	058-392-1622	

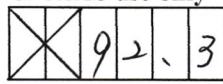
Animal's details

Animal Species:	Please check the appropriate box <input checked="" type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other(Please specify).....	Microchip Number:	392149002354775
Pet's name Breed	Pet's name: HARURU Breed: Chihuahua	Date of Implantation of Microchip	2024/02/21
Date of Birth:	2023/12/09	Date of Blood drawing:	2025/3/11

Rabies Vaccination History (The last two times) * Please check the appropriate box

Date	Vaccine Product Name	Valid Period of Immunity*	Vaccine Manufacturer	Lot Number
2025/01/09	Rabies vaccine	<input checked="" type="checkbox"/> 1year • <input type="checkbox"/> 2years • <input type="checkbox"/> 3years		
2025/02/26	Rabies vaccine	<input checked="" type="checkbox"/> 1year • <input type="checkbox"/> 2years • <input type="checkbox"/> 3years	KMB	200
		<input type="checkbox"/> 1year • <input type="checkbox"/> 2years • <input type="checkbox"/> 3years		

For RIAS use only

 92.3 IU/mL

Fluorescent Antibody Virus Neutralization test (FAVN)

This is to certify the test result stated to the left
(Antibody level must be 0.5IU/mL or above.)

Research Institute for Animal Science
in Biochemistry & Toxicology



Date of Sample Receipt	2025/Mar./13 year/month/day	Sample Ref. Number	R 24 5985	Date of Certificate Issue	2025/Mar./21 year/month/day
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