

RABIES ANTIBODY TEST CERTIFICATE AND SUBMISSION FORM



RESEARCH INSTITUTE FOR ANIMAL SCIENCE IN
BIOCHEMISTRY & TOXICOLOGY
3-7-11 Hashimotodai, Midoriku, Sagami-hara, 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: https://www.riasbt.jp/ (RIAS website)

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, Sagami-hara, 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	15,000 Japanese Yen (Including tax)

FOR OWNER'S USE	Date of submission: 2024.12.13 year/month/day	Estimated date of departure: year/month/day
Name:	CHINA MANABE	
Address:	1082-2 Kou Umemotocyou Matuyamacity EHIME JAPAN	
Postcode	791-0245	TEL&FAX: 81- 90-1172-1808

FOR SUBMITTING VETERINARY SURGEON'S USE		
Names of practice and veterinary surgeon	Yamashita Veterinary Department	Signature of veterinary surgeon and date signed 山下 正 34 2024.12.12
Address:	5-60 Shima Ogumacyou HashimaCITY GIFU JAPAN	
Postcode	501-6264	TEL&FAX: 058-392-1622

Animal's details	Please check the appropriate box	
Animal Species:	<input checked="" type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other(Please specify) _____	Microchip Number: 392144000881045
Pet's name Breed	Pet's name: RICOTTA Breed: Basset Hound	Date of Implantation of Microchip: 2024/11/05
Date of Birth:	2024/06/14	Date of Blood drawing: 2024.12.12

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

Date	Vaccine Product Name	Valid Period of Immunity*	Vaccine Manufacturer	Lot Number
2024/11/05	Rabies vaccine	<input checked="" type="checkbox"/> 1year • <input type="checkbox"/> 2years • <input type="checkbox"/> 3years	KMB	200
2024/12/10	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	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	2024/Dec. 16 year/month/day	Sample Ref. Number	R 24 4494	Date of Certificate Issue	2024/Dec. 16 year/month/day
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Date of release 2025/Aug. 104