

# 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: 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, 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** 15,000 Japanese Yen (Including tax)

**FOR OWNER'S USE**

Date of submission: 2024/11/22 year/month/day Estimated date of departure: 2025/03/15 year/month/day

**Name:** TOMOMI OKADA

**Address:** 4783-5 Nishigiba Ube-city Yamaguchi JAPAN

Postcode 755-0151 TEL&FAX: 090-1351-1115

**FOR SUBMITTING VETERINARY SURGEON'S USE**

**Names of practice and veterinary surgeon:** YAMASHITA VETERINARY CLINIC Veterinarian MASAHIRO YAMASHITA

**Signature of veterinary surgeon and date signed:** 山下 正弘 2024/11/22

**Address:** 5-60 Shima Ogumacyou Hashima-city GIFU JAPAN

Postcode 501-6264 TEL&FAX: 058-392-1622

**Animal's details**

**Animal Species:**  Canine  Feline  Other(Please specify) \_\_\_\_\_

**Pet's name Breed:** Pet's name: Tsugumi Breed: Chihuahua

**Date of Birth:** 2023/09/29

**Microchip Number:** 392149002288954

**Date of Implantation of Microchip:** 2023/12/05

**Date of Blood drawing:** 2024/11/21

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

| Date       | Vaccine Product Name | Valid Period of Immunity*   | Vaccine Manufacturer | Lot Number |
|------------|----------------------|---|----------------------|------------|
| 2024/04/26 | R a b i e s          | <input checked="" type="checkbox"/> 1year · <input type="checkbox"/> 2years · <input type="checkbox"/> 3years |                      |            |
| 2024/11/21 | R a b i s            | <input checked="" type="checkbox"/> 1year · <input type="checkbox"/> 2years · <input type="checkbox"/> 3years |                      |            |
|            |                      | <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.)

0.87 IU/mL

**Date of Sample Receipt:** 2024/Nov./25 year/month/day

**Sample Ref. Number:** R 24 4097

**Date of Certificate Issue:** 2024/Dec./05 year/month/day

Research Institute for Animal Science in Biochemistry & Toxicology