

# Request for FAVN-OIE Rabies Antibody Test



## DoD Food Analysis & Diagnostic Laboratory

ATTN: Diagnostic Receiving

Public Health Command, West (PHC, W)

2899 Schofield Road, Suite 2630

JBSA FT Sam Houston, TX 78234-7583

Phone: (210) 295-4605/4010/4387 (DSN: 421-XXXX)

Fax: (210) 635-1025

E-mail: [USARMY.JBSA.MEDCOM.LIST.PHC-RABIES-FAVN-SA@HEALTH.MIL](mailto:USARMY.JBSA.MEDCOM.LIST.PHC-RABIES-FAVN-SA@HEALTH.MIL)

Date/Time Received

Lab Accession Number

### OFFICIAL FORM: Print/Type ALL Information Below

Animal Destination: \_\_\_\_\_

#### Owner Information

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Animal Information

Animal's Name: \_\_\_\_\_ MWD Tattoo #: \_\_\_\_\_

Microchip No. \_\_\_\_\_

Dog  Cat Breed: \_\_\_\_\_ Age: \_\_\_\_\_ M  F

Color/Unique Markings: \_\_\_\_\_

#### Submitting Veterinarian

Veterinary Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date Serum Collected: \_\_\_\_\_ Clinic Code: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_

Signature of Veterinarian: \_\_\_\_\_

*Signature acknowledges identity of animal, microchip number and owner's DOD beneficiary status.*

---

---

### Results of Test - Laboratory Use Only