LABORATOIRE DÉPARTEMENTAL 31
HAUTE-GARONNE

RABIES FAVN TEST REQUEST FORM

E-ECH 20 V.24

FILL ONLY IN CAPITALS

For a better proofreading, you can fill this form electronically before printing.

It will be valid until 2025/12/31

RESERVED TO LD31EVA

Reçu le : ____ / ____ / _____ **Par :** _____

Accepté par : _____ **Nb de Tubes :** _____

☐ **Sang** ☐ **Sérum**

☐ **Envoi des résultats au laboratoire demandeur**

Commentaire :

METHOD USED: FAVN (OMSA) - PROCESSING TIME FROM RECEPTION OF COMPLETE FILE: 15 DAYS

(FOR A BETTER UNDERSTANDING PLEASE FILL THIS DOCUMENT DIRECTLY ON YOUR COMPUTER BEFORE PRINTING)

VETERINARY

STAMP AND SIGNATURE REQUIRED (Company name + address)

Last Name: _____

First Name _____

Address:

☎: + __ __ __ __ __ __ __ __ __

email (required) :

Results : ☐ **Regular mail** ☐ **Email**

OWNER

Last Name : _____

First Name : _____

Date of birth : ___ / ____ / _____ **Country of birth:** _____

City of birth : _____

Address:

☎: + __ __ __ __ __ __ __ __ __

Email (required) :

Results : ☐ **Regular mail** ☐ **Email**

ANIMAL DESCRIPTION (REQUIRED)

☐ **Dog** ☐ **Cat** ☐ **Ferret** ☐ **Other carnivores**

Name: __ **Date of birth :** ___ / ____ / _____

Identification Number (Microship + / Tattoo) :

Date of last rabbies vaccine injection: ___ / ____ / _____

Date of the blood sample AND microship reading: ___ / ____ / _____

- First vaccination ☐ - Booster ☐ Vaccine Used: _____

Trip Date :___ / ____ / _____

Destination Country: _____ Departure Country: _____

PAYMENT PRICE : 99,00€ VAT INCLUDED (GUARANTEED PRICE UNTIL 31/12/2025)

Who pays: ☐ Owner ☐ Veterinary ☐ Other

★ **CASH & CHEQUE ARE NOT ACCEPTED** ★

☐ **Credit card (on line)** - You will receive an Id and a password by email.

☐ **Bank Transfer IBAN:** FR76 1007 1310 0000 0020 0235 236 **BIC:** TRPUFRP1 **DOMICILIATION:** TPTTOULOUSE

➥(Please send us a proof by email to confirm the transfer)

★ **ATTENTION: RESULTS ARE SENT ONLY AFTER RECIEVING THE PAYMENT** ★

GENERAL TERMS OF SALE

☐ **I accept the General terms of sale** ☐ **I allow the laboratory LD31 to contact me by mail to follow my demands (also to ask for complemetary analysis or satisfaction)**