LABORATOIRE DÉPARTEMENTAL 31
HAUTE-GARONNE

RABIES FAVN TEST REQUEST FORM

E-ECH 21 V.30

FILL ONLY IN CAPITALS

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

It will be valid until 2026/12/31

FOR LD31EVA USE ONLY

Received on : ____ / ____ / _____ **By :** _____

Accepted by : _____ **Nb of tubes :** _____

☐ **Whole blood** ☐ **Serum**

☐ **Results sent to the requesting laboratory**

Comments :

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 : _____

Adress :

☎: +__ __ __ __ __ __ __ __ __

email (required) :

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

OWNER

Last Name : _____

First Name : _____

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

City of birth : _____

Address:

☎: +__ __ __ __ __ __ __ __ __

Email (required) :

*The client consents to receiving the test report by email in PDF format, secured with an electronic signature. LD31EVA accepts no responsability for any issues relating to the confidentiality or integrity of the report during its electronic transmission.

ANIMAL DESCRIPTION (REQUIRED)

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

Name: __

Date of birth : ___ / ____ / _____

Identification Number (Microship + / Tattoo) :

(please attach the microship identification label)

coller ici*

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

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

- **First vaccination** ☐ - Booster ☐ Vaccine Used: _____

Trip Date :___ / ____ / _____

PAYMENT PRICE : 99,00€ VAT INCLUDED (GUARANTEED PRICE UNTIL 31/12/2026)

Person responsible for payment : ☐ Owner ☐ Veterinarian ☐ Other

Payment date : _____/_____/_____

FOR FASTER PRECESSING

☐ Online payment : Submit your request and pay directly on our website www.laboratoire.haute-garonne.fr

☐ Bank transfer : Name and Surname : _____

IBAN : FR76 1007 1310 0000 0020 0235 236 **BIC:** TRPUFRP1 **DOMICILIATION:**TPTTOULOUSE (please attach proof of payment. The transfer reference must include the owner's name and the sample identification)

CASH AND CHEQUE PAYEMENTS ARE NOT ACCEPTED

★ **IMPORTANT : IF PAYMENT IS NOT RECEIVED, THE SAMPLE WILL NOT BE ANALYSED AND WILL BE DESTROYED AFTER ONE MONTH** ★

GENERAL TERMS AND CONDITIONS OF SALE

☐ **I accept the General Terms and Conditions of Sale (available upon request).**

☐ **I authorize LD31EVA to contact me by email regarding the follow-up my file (addional request or analyses, customer satisfaction survey, etc.).**

AGREED AND ACCEPTED

Signed on / / ,

Signature of the prescribing veterinarian