

Request for FAVN-OIE Rabies Antibody Test



DoD Food Analysis & Diagnostic Laboratory
ATTN: Diagnostic Receiving
Public Health Command Region – South
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
Website:
<http://phc.amedd.army.mil/topics/labsciences/fad/Pages/FADLFormsandDocuments.aspx>

Date/Time Received

Lab Accession Number

OFFICIAL FORM: Print/type ALL information below

Pet Destination: _____

Owner Information

Name of Owner: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Animal Information

Pet's Name: _____ Microchip No. _____

Dog Cat Breed: _____ Age: _____ Sex: **M F**

Color/Unique Markings: _____

Submitting Veterinarian

Veterinary Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Date Serum Collected: _____ Clinic Code (if known) _____

Name of Veterinarian: _____

Signature of Veterinarian: _____

Signature acknowledges identity of pet, microchip number and owner's DOD beneficiary status

Results of Test - Lab Use Only