



Item: Rabies antibodies detection in vaccinated animals

We inform you that our Laboratory will also accept samples from foreign Countries, under the following conditions:

- blood samples (without anticoagulant) should be collected by an authorised veterinarian;
- samples should be clearly identified;
- samples should be sent by a courier and transported at a controlled temperature of 4 °C or, for the serum, below. It is preferable to receive only the serum (about 1.5 ml) of the collected blood sample, in order to avoid hemolysis. **Blood should not be frozen;**
- samples should be sent to the following address: Istituto Zooprofilattico Sperimentale Lazio e Toscana – Via Appia Nuova 1411 – 00178 Roma - Italia
- reports of test results will be available after 19 days from the arrival of samples to the laboratory;
 - the price per test is 53.93 € inclusive of VAT;
 - shipment and duty fees are entirely at the clients expense;
 - Important for the samples coming from third countries: in order to avoid the block of the sample to the border, consult courier identified about the shipping procedures, making sure to effect customs clearance and that the delivery is made “prepaid
- samples not accompanied by the following documentation will not be accepted:
 - a) scheme reported in the “identification and sample transmission form to the
 - b) laboratory” (attachment);
 - c) copy of the bank payment.

To organize the diagnostic activity, inform the Laboratory in anticipation by e-mail of the arrival of the samples: Gianluca.autorino@izslt.it Teresa.scicluna@izslt.it ; Francesca.rosone@izslt.it ; raffaele.frontoso@izslt.it ida.ricci@izslt.it

For any further information consult the web site of the : “**Ministero della Salute**” and check “**Viaggiare con gli animali**”

**TITOLAZIONE ANTICORPI VACCINALI PER RABBIA /VACCINE ANTIBODY TITRATION FOR RABIES
 MODULO DI IDENTIFICAZIONE ED INVIO CAMPIONI AL LABORATORIO / IDENTIFICATION FORM
 ACCOMPANYING SAMPLES**

SEGNALAMENTO/IDENTIFICATION

SPECIE/SPECIES	
NOME/NAME	
DATA DI NASCITA/DATE OF BIRTH	
SESSO/SEX	
RAZZA/BREED	
TAGLIA/SIZE	
PELO/H FUR LENGT	
MANTELLLO/COAT	
MICROCHIP: NUMERO E DATA DI APPLICAZIONE/MICROCHIP AND DATE OF APPLICATION	
DATA ULTIMA VACCINAZIONE ANTIRABBICA DATE OF LAST RABIES VACCINATION	
VACCINO: TIPO/VACCINE: NAME	
VACCINO: LOTTO N°/VACCINE BATCH	
DATA DEL PRELIEVO/DATE OF SAMPLE	
DATA PRESUNTA DI PARTENZA DATE OF DEPARTURE	
PAESE DI DESTINAZIONE COUNTRY OF DESTINATION	

**LA PROVETTA DI SANGUE DEVE ESSERE IDENTIFICATA CON IL NUMERO DEL MICROCHIP O DI
 TATUAGGIO (THE SAMPLE MUST BE IDENTIFIED BY THE MICROCHIP OR TATOO NUMBER)**

PROPRIETARIO/OWNER

COGNOME/FAMILY NAME	
NOME/FIRST NAME	
INDIRIZZO CITTA' CAP ADDRESS POSTAL CODE, CITY	
CODICE FISCALE O P. IVA TAX N° OR VAT N°	
TELEFONO/PHONE N°	
FAX	

VETERINARIO/VETERINARIAN

COGNOME/FAMILY NAME	
NOME/FIRST NAME	
CODICE FISCALE O P. IVA TAX n° OR VAT N°	
INDIRIZZO CAP CITTA' ADDRESS, POSTAL CODE, CITY	
TIMBRO E FIRMA/STAMP AND SIGNITURE	

INDICARE SE LA FATTURA DEVE ESSERE A NOME DEL PROPRIETARIO O VETERINARIO

PLEASE INDICATE IF INVOICE IS TO BE ISSUED TO OWNER OR VETERINARIAN

INDICARE LE MODALITA DI INVIO DEL RAPPORTO DI PROVA: PROPRIETARIO VETERINARIO

RITIRO DIRETTO POSTA FAX AL n° _____

PLEASE INDICATE TRANSMISSION OF REPORT: OWNER OR VETERINARIAN

DIRECTLY · POST · FAX · TO n° _____

