**HUMAN RABIES SEROLOGY**

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| --- | --- |
| **Date sent: Sender:****Tel:****Fax:** |  |
| **Biobest Use Only****Additional information (pre-treatment of samples etc)** |
| No | Sample Ref | Rabies FAVN | Biobest Ref |
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| **Biobest Use Only** |
| Date of Receipt: | Form No: |
| No. of Samples: | Rep: | Invoice: |
| Booked in: | Interim QC (if required): |
| Final QC: |
| Interim Fax (if required): | Date interim report faxed (if required): |
| Final Fax: | Date final report faxed: |

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# Page of

Human rabies submission form v5