**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 |
| 1 |  | |  | |  |
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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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