Έντυπο Αποστολής Δείγματος Αίματος

Blood Sample Submission Form

Είδος ζώου:. . . …………………………

Animal species: . . . …………………….

Όνομα:. . ……………………………

Name:.……………………………

Φυλή:. . ……………………………….

Race: . . . ……………………… ……….

Χρώμα:. . . …………………….………………

Colour:. . . . . . . . . . . . . . . . . . . .. . . . .. . . . . .. . . . . .

Φύλο:. . ……………………………

Sex:. . . ……………………………….

Αριθμός του μικροτσίπ του ζώου:. . . …………………………...........

Animal’s microchip number: ……………………………………………

Ημερομηνία στην οποία τοποθετήθηκε και επιβεβαιώθηκε η ταυτοποίηση του ζώου: ………………..

Date when this animal was identified and date of confirmation of the identification: …………………………

Ημερομηνία γέννησης:. . . . . . . . . . . . . . . . . . . . . . . . . . .

Date of birth: . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . ..

Ονομασία και αριθμός παρτίδας εμβολίου : . . . . . . . . . . . . . . . . . . . . . . . . . .

Name and batch number of vaccine: . . . . . . . . . . . . . . . . . .. . . . . . .. . . .. .. . .

Ημερομηνία εμβολιασμού: ……………………………………………………….

Date of administration of Rabies vaccination: …………………………………

Ημερομηνία αιμοληψίας:. . . . . . . . . . . . . . … . . . . . . . . . . . . . . …………………

Date of blood sampling: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Χώρα στην οποία θα ταξιδέψει το ζώο : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Country to where the animal will travel:. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Ονοματεπώνυμο, τηλέφωνο και διεύθυνση ιδιοκτήτη του ζώου:. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . .. . . . . .. . . .. . . . . . .. . . .. . . . .. . .

Owner’s name, telephone and address: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . .. . . . . . . . . . . . . . .. . . . . .. . . . . . . . . . . . . . . . . . . .. . . .

Ονοματεπώνυμο, τηλέφωνο και διεύθυνση του αποστέλλοντα κτηνιάτρου:. . . . . . . . . . . . . .. . . . . . . . . . . . . .. . .. . . . .. . . . . . . . . . . . . . . .. . . .. . . . . .. . . ..

Name telephone and address of submitting veterinary surgeon: . . . . . . . . . .. . . .. . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . .. . . . . .. . . . . . . . . . .

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(Tόπος και ημερομηνία) (Date and place)

Υπογραφή Κτηνιάτρου ( Signature)

Dear Sir/Madam,

Please find below the information you requested.

The procedure is the following: The animal must have a microchip placed before the date of vaccination and has to be vaccinated against rabies (better twice, if it is a puppy). Blood should be withdrawn for an antibody test a month later (For some countries this procedure may vary).

We need at least 0.5 ml of serum (it is best that you separate it by centrifugation) which may be sent to our lab by courier in a box with ice packs. It takes us around a month to get the result ready (Results may be ready earlier for animals traveling to countries that permit entry of the latter right after blood sampling).

You also have to fill in the form that will accompany the blood sample. You are kindly requested to use a word processor instead of handwriting. Please notice that the only responsible for the accuracy of the compiled data is the veterinarian that signs the document.

The cost is 54,58 euros per sample (IVA included). There is a discount for owners that posses three animals or more: 21,84 euros (IVA included) per animal.

The cost of the laboratory examination will be paid by individuals **exclusively** by transferring the amount in the bank account of the Bank of Greece with IBAN No GR 2201000240000000000266700, Beneficiary Customer “Fund for Agriculture” and BIC: BNGRGRAAXXX. The payment can be performed either by web or in-person banking. In both cases, you should provide to our department the receipt of the payment either by a copy or by email ([viruslab.ath@minagric.gr](about:blank)), because it must accompany the relevant Rabies Submission Form in order the test to be performed.

Please, record on the receipt the name of the vet or the name of the owner and the name of the person to which the invoice should be issued.

It is your responsibility to make sure that document issued by our lab is valid to the country to which the animal is traveling to.

Finally, we inform you that from 01-1-2021 cash or postal checks **WILL NOT** be accepted.

We hope this information can be of help.

Please don’t hesitate to contact us for any further information

ADDRESS:

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Department of Molecular Diagnostics, FMD,

Virological, Rickettsial and Exotic Diseases

Ministry of Rural Development and Food

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