



Notes for Rabies Antibody Test

1. Method for Rabies Antibody Test

The serological blood test must be one of the following tests:-

- a. Rapid Fluorescent Focus Inhibition Test (RFFIT)
- b. Rabies Neutralizing Antibody Titre Test (RNATT)
- c. Any other serological rabies antibody test must be carried out in accordance with the approved methods as laid down in the “OIE Manual of Standards for Diagnostic Tests and Vaccines” [“OIE” is the Office International des Epizooties. The manual of the OIE standards for Diagnostic Tests and Vaccines is available on the Internet at www.oie.int]
- d. The test result must be presented in IU/ml.

2. Identification of Animals

Prior to blood sampling, the animal must be positively identified by microchip implant. Unless an AVID micro-chip is used, the importer shall ensure that an appropriate micro-chip reader is made available for use on arrival; (Note: All dogs in Hong Kong over the age of 5 months must be implanted with an 9 digits of AVID microchip. It would be advisable to use an AVID readable chip to spare your dog the need for two microchips upon importation into Hong Kong.)

3. Rabies vaccination requirements prior to the rabies antibody blood test

- a. In the case of an animal which has received a single rabies vaccination (which shall be at not less than **90 days** of age), the blood sample shall be taken not less than **120 days** after vaccination;
- b. In the case of an animal which has received multiple/booster rabies vaccination, the blood sample shall be taken not less than **30 days** after the last vaccination, (Booster vaccinations should be at least one year after the first vaccination);

4. Validity of the Test

The test is valid for one year from the date of blood sampling.

5. Procedures for the Collection and Submission of Samples

The veterinary surgeon who takes the blood sample should check with the respective laboratory accordingly for information relating to sampling, importation, dispatch, protocol, etc.

6. Supplementary Certificate for Rabies Antibody Test

The shipment of the animal shall be accompanied by a Supplementary Veterinary Certificate issued before shipment in the format enclosed Form No. “**PC103-blood test-HK**” is designed for blood sampling performed in Hong Kong; and Form No. “**PC104-blood test-FC**” is for blood sampling performed in foreign countries/places.

For blood sampling performed in a foreign country, if the veterinarian whose name and signature appear on the certificate is not the same person who signs the Animal Health Certificate (Form no.: VC-DC2), his signature must be authenticated in the relevant column by the signature and stamp of an official veterinarian. The expression “Official Veterinarian” means a civil service veterinarian or a specially appointed veterinarian, as authorized by the Veterinary Administration of the country/place of export.

7. Recognized Laboratories for Rabies Antibody Test

The blood testing must be done either by:-

- a. An official diagnostic laboratory approved by the competent authority of the exporting country.
- b. A laboratory recognized by AFCD as listed in appendix I.

List of Laboratories Recognised by AFCD for Rabies Antibody Test

Name and Address	Tel/Fax
CSIRO Livestock Industries Australian Animal Health Laboratory (AAHL) 5 Portarlinton Road, Geelong VIC 3220 Postal Address: Private Bag 24, Geelong, VIC 3220 AUSTRALIA	Tel: + 61 3 52275000 Fax: +61 3 52275555 Website: http://www.csiro.au/index.asp E-mail: enquiries@csiro.au
Veterinary Laboratory Agency New Haw, Addlestone, Surrey KT 15 3NB UNITED KINGDOM	Tel: (+44) 0 1932 341 111 Fax: (+44) 01932 347 046 Website: http://www.defra.gov.uk/corporate/vla E-mail: enquires@vla.defra.gsi.gov.uk
BioBest Laboratories Ltd 6 Charles Darwin House, The Edinburgh Technopole Milton Bridge, Nr Penicuik, EH26 0PY UNITED KINGDOM	Tel: (+44) 0 131 440 2628 Fax: (+44) 0 131 440 9587 Website: http://www.biobest.co.uk E-mail: enquiry@biobest.co.uk
Agence Francaise De Securite Sanitaire des Aliments Nancy Domaine de Pixerecourt B.P. 9F-54220, Malzéville FRANCE	Tel: (+33) 3 83 29 89 50 Fax: (+33) 3 83 29 89 59 E-mail: f.cliquet@afssa.fr
National Veterinary Institute Department of Virology SE-751 89 Uppsala SWEDEN	Tel: (+46)1867 4000 Fax (+46)184714517 Website: http://www.sva.se/english/start.htm E-mail: sva@sva.se
Danish Veterinary Institute for Virus Research Lindholm, DK-4771 Kalvehave DENMARK	Tel: (+45) 55 86 95 57 Fax: (+45) 55 86 97 00 E-mail: kt@vetinst.dk
National Veterinary and Food Research Institute Hämeentie 57 00581 Helsinki FINLAND	Tel: (+358)9 393 101 Fax: (+358)9 393 1811 Website: http://www.eela.fi/en E-mail: firstname.surname@eela.fi
Instut fur Virologie Faculty of Veterinary Medicine, Justus-Liebig University Frankfurter Strasse 107, D – 35392 Giessen GERMANY	Tel: (+49) 641 99 38350 Fax: (+49) 641 99 38359 E-mail: matthias.koenig@vetmed.uni-giessen.de
Dept. for Equine, Pets and Vaccine Control Virology Unit Federal Institute for the Control of Viral Infection in Animals Robert Kochgasse 17, 2340 Mödling AUSTRIA	Tel: (+43) 2236 46 640 902 or 906 Fax: (+43) 2236 46 640 941 E-mail: wodak@batsb.at
Instituto Zooprofilattico sperimentale delle Venezie Via Romea 14/A, I-35020 Legonaro (PD) ITALY	Tel: (+39) 049 8084 259 Fax: (+39) 049 8830 530 E-mail: fmutinelli@izsvenezie.it
Direccion General de Sanidad de la Produccion Agaria, Laboratorio de Sanidad Produccion Animal del Estado, Camino del Jau, S/N E-18320 Santa Fé (Granada) SPAIN	Tel: (+34) 958 44 0375 Fax: (+34) 958 44 1200
Insitute Pasteur of Brussels rue Engelandstraat, 642 B-1180 Brussels BELGIUM	Tel: +34 (0)2 373 31 11 Fax: +34 (0)2 373 31 74 Website: http://www.pasteur.be E-mail: lschoof@pasteur.be
Institute of Veterinary Virology Schweizerische Tollwutzentrale Langgass-Strasse 122, Postfach, CH-3001 Bern SWITZERLAND	Tel: (+41) 31 631 23 78 Fax: (+41) 31 631 25 34 Website: http://www.cx.unibe.ch/ivv E-mail: ruth.parham@ivv.unibe.ch
RFFIT Laboratory, Department of Veterinary Diagnosis 1800 Denison Avenue, Veterinary Medical Center, Kansas State University, Manhattan KS 66506-5600 USA	Tel: (01) 785 532 4483 Fax: (01) 785 532 4522 E-mail: rabies@vet.ksu.edu
The Research Institute for Animal Science in Biochemistry & Toxicology (RIAS) 〒229-1132神奈川県相模原市橋本台3丁目7番11号 3-7-11 hashimotodai sagamihara kanagawa 229-1132 JAPAN	Tel: (042)762-2775 Fax: (042)762-7979 Website: http://www.riasbt.or.jp E-mail: kikaku@riasbt.or.jp

Supplementary Certificate – Rabies Antibody Test (For Blood Sampling Performed in Hong Kong)

Part 1 Owner of the Animal

Name: _____

Address: _____

Part 2 Description of the Animal

Species of the animal: _____ Age or date of birth: _____

Sex: _____ Breed: _____ Colour: _____

Microchip identification number: _____

Type and manufacturer of microchip: _____

Part 3 Rabies Vaccination Record

The animal has been vaccinated against rabies with inactivated vaccines as listed below and as verified by the enclosed vaccination certificate(s) in original:

Date of Vaccination	Name of Inactivated Vaccine	Batch No.	Expiry Date

Part 4 Rabies Antibody Test Result

I, the undersigned, declare herewith that I have taken a blood sample from the animal described in Part II and have received the following result from the official diagnostic laboratory which has carried out the serological Test for rabies antibody:

Date of sampling (dd/mm/yy)	Name and address of the official diagnostic laboratory	Result of the Test (in IU/ml)

The original laboratory report or its certified true copy is attached to this certificate. The above test shows a rabies vaccination titre level of not less than 0.5 IU/ml blood.

Part 5 Veterinary Certificate

One of the following alternatives has been complied with (*Delete as appropriate):

*(a) For animals that have received one primary rabies vaccination, the blood sample has been taken not less than **120 days** after the primary vaccination.

*(b) For animals that have received multiple/booster rabies vaccination (the booster vaccination was given not less than one year after the first vaccination), the blood sample to check the rabies vaccination titre has been taken not less than **30 days** after the latest vaccination.

I certify that I am a veterinary surgeon registered under the Veterinary Surgeons Registration Ordinance (Cap.529 Laws of Hong Kong).

Signature of veterinarian: _____ Name in block letters: _____

Name and address of Clinic: _____

Date: _____ (dd/mm/yyyy)

Seal or stamp:

Supplementary Certificate – Rabies Antibody Test (For Blood Sampling Performed Outside the Territory of Hong Kong)

Part 1 Owner of the Animal

Name: _____

Address: _____

Part 2 Description of the Animal

Species of the animal: _____ Age or date of birth: _____

Sex: _____ Breed: _____ Colour: _____

Microchip identification number: _____

Type and manufacturer of microchip: _____

Microchip identification number: _____

Type and manufacturer of microchip: _____

Part 3 Rabies Vaccination Record

The animal has been vaccinated against rabies with inactivated vaccines as listed below and as verified by the enclosed vaccination certificate(s) in original:

Date of Vaccination	Name of Inactivated Vaccine	Batch No.	Expiry Date

Part 4 Rabies Antibody Test Result

I, the undersigned, declare herewith that I have taken a blood sample from the animal described in Part II and have received the following result from the official diagnostic laboratory which has carried out the serological Test for rabies antibody:

Date of sampling (dd/mm/yy)	Name and address of the official diagnostic laboratory	Result of the Test (in IU/ml)

The original laboratory report or its certified true copy is attached to this certificate. The above test shows a rabies vaccination titre level of not less than 0.5 IU/ml blood.

Part 5 Veterinary Certificate

One of the following alternatives has been complied with:

*(a) For animals that have received one primary rabies vaccination, the blood sample has been taken not less than **120 days** a after the primary vaccination.

*(b) For animals that have received multiple/booster rabies vaccination (the booster vaccination was given not less than one year after the first vaccination), the blood sample to check the rabies vaccination titre has been taken not less than **30 days** a after the latest vaccination.

Signature of veterinarian: _____ Name in block letters: _____

Name and address of Clinic: _____

Date: _____ (dd/mm/yyyy) Seal or stamp:

***Part 6 Validity** (This part must be completed if the above signatory veterinarian is different from that on the Animal Health Certificate (Form No.: VC-DC2)).

I am a full time Government Veterinary Officer and I confirm that the above-mentioned veterinary surgeon is registered and licensed to practice in the country/place from where the animal is being exported.

Signature: _____ Name in block letters: _____

Date: _____ (dd/mm/yyyy) Official Seal or Stamp:

Official Capacity:

* Delete as appropriate