香港特別行政區政府 漁農自然護理署 九龍長沙灣道 303 號 長沙灣政府合署五樓



THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION AGRICULTURE, FISHERIES AND CONSERVATION DEPARTMENT Cheung Sha Wan Government Offices 303 Cheung Sha Wan Road 5th Floor, Kowloon, Hong Kong.

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 <u>www.oie.int</u>]
- 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 microchip is used, the importer shall ensure that an appropriate microchip reader is made available for use on arrival; (Note: All dogs in Hong Kong over the age of 5 months must be implanted with a 9 digit AVID microchip. It would be advisable to use a 9 digit AVID microchip 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

The blood samples shall be taken not less than 30 days after receiving a primary or a booster rabies vaccination. The minimum age for receiving rabies vaccination must not be less than 90 days of age.

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	Tal/Fase
and Address	Tel/Fax
CSIRO Livestock Industries Australian Animal Health Laboratory (AAHL)	Tel: (+61) 3 5227 5000 Fax: (+61) 3 5227 5555
5 Portarlington Road, East Geelong VIC 3219	Website: www.csiro.au/
Postal Address: Private Bag 24, East Geelong, VIC 3219	E-mail: AAHL-Reception@csiro.au
AUSTRALIA	Tal. (+ 44) 0 4022 257225
Animal Health and Veterinary Laboratories Agency Weybridge Laboratory Services	Tel: (+44) 0 1932 357335 Fax: (+44) 01932 347838
Woodham Lane, New Haw, Addlestone, Surrey, KT15 3NB	Website: www.defra.gov.uk/ahvla-en/
	E-mail: enquiries@ahvla.gsi.gov.uk
BioBest Laboratories Ltd 6 Charles Darwin House, The Edinburgh Technopole	Tel: (+44) 0 131 440 2628 Fax: (+44) 0 131 440 9587
Milton Bridge, Nr Penicuik, EH26 0PY	Website: www.biobest.co.uk
UNITED KINGDOM	E-mail: enquiry@biobest.co.uk
Agence nationale de Sécurité Sanitaire de l'Alimentation, de l'Environnement et du Travail (Anses)	Tel: (+33) (0) 3 83 29 89 50 Fax: (+33) (0) 3 83 29 89 59
Technopôle agricole et vétérinaire	Website: www.anses.fr/
Domaine de Pixérécourt	
B.P. 40009, 54220, Malzéville FRANCE	
National Veterinary Institute	Tel: (+46)1867 4000 / (+46) (0) 1867 4360
Virology diagnostics	Fax (+46)1830 9162
SE-751 89 Uppsala SWEDEN	Website: <u>www.sva.se/en/</u> E-mail: <u>sva@sva.se</u> / <u>4360@sva.se</u>
DTU Vet National Veterinary Institute	Tel: (+45) 55 86 95 57
Lindholm Island, 4771 Kalvehave	Fax: (+45) 55 86 97 00
DENMARK	Website: www.vet.dtu.dk/
Finnish Food Safety Authority Evira	E-mail: <u>vet@vet.dtu.dk</u> Tel: (+358)9 393 101
Veterinary Virology Research Unit	Fax: (+358)9 393 1811
Mustialankatu 3	Website: <u>www.evira.fi/portal/en/</u>
FI-00790 Helsinki FINLAND	E-mail: <u>info@evira.fi</u>
Institute of Virology, Faculty of Veterinary Medicine	Tel: (+49) 641 99 38363
Justus-Liebig University	Fax: (+49) 641 99 38379
Frankfurter Strasse 107, D-35392 Giessen GERMANY	Website: <u>www.vetmed.uni-giessen.de/</u> E-mail: diagnostik@vetmed.uni-giessen.de
The Austrian Agency for Health and Food Safety (AGES)	Tel: (+43) (0) 505 55-38112
Dept. for Equine, Pets and Vaccine Control Virology Unit	Fax: (+43) (0) 505 55-38108
Institute for Veterinary Disease Control Robert Koch-Gasse 17, A-2340 Mõdling	Website: <u>www.ages.at</u> E-mail: <u>vetmed.moedling@ages.at</u>
AUSTRIA	- mail: <u>votinou.moduling@ugoo.at</u>
Istituto Zooprofilattico Sperimentale delle Venezie	Tel: (+39) 049 8084 211
viale dell'Università, 10-35020 Legnaro (PD) ITALY	Fax: (+39) 049 8830 046 Website: www.izsvenezie.it/
	E-mail: <u>comunicazione@izsvenezie.it</u>
Direccion General de Sanidad de la Produccion Agaria,	Tel: (+34) 958 44 0375
Laboratorio Central de Sanidad Animal (Santa Fe-Granada) (LCSA) Camino del Jau, S/N	Fax: (+34) 958 44 1200
E-18320 Santa Fé (Granada)	
SPAIN	T + 04 (0)0 070 04 44
Insitute Pasteur of Brussels rue Engelandstraat, 642	Tel: +34 (0)2 373 31 11 Fax: +34 (0)2 373 31 74
B-1180 Brussels	Website: http://www.pasteur.be
BELGIUM	E-mail: lschoof@pasteur.be
Swiss Rabies Centre Institute of Veterinary Virology	Tel: (+41) 31 631 23 78 Fax: (+41) 31 631 25 34
Langgass-Strasse 122,	Website: www.ivv.unibe.ch
CH-3001 Bern	E-mail: zanoni@ivv.unibe.ch
SWITZERLAND Kansas State University Rabies Laboratory	Tel: (01) 785 532 4483 or 785 532 4455
College of Veterinary Medicine	Fax: (01) 785 532 4463 01 785 532 4455
2005 Research Park Circle, Manhattan, KS 66502,	Website: www.vet.k-state.edu/rabies
USA The Descent Institute for Animal Science in Dischemistry & Taviaslany	E-mail: <u>rabies@vet.k-state.edu</u>
The Research Institute for Animal Science in Biochemistry & Toxicology (RIAS)	Tel: (042) 762-2775 Fax: (042) 762-7979
〒229-1132神奈川県相模原市橋本台3丁目7番11号	Website: www.riasbt.or.jp
3-7-11 Hashimotodai, Sagamihara, Kanagawa 229-1132	E-mail: kikaku@riasbt.or.jp
JAPAN	

PC103

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 manufacture	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

I, a veterinary surgeon registered under the Veterinary Surgeons Registration Ordinance (Cap.529 Laws of Hong Kong) certify that the blood sample of the animal mentioned in part 2 was taken not less than 30 days after receiving the <u>first</u> rabies vaccination mentioned in Part 3.

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

I, a registered veterinary surgeon licensed to practise in the country/place from where the animal is exported, certify that the blood sample of the animal mentioned in part 2 was taken not less than 30 days after receiving the <u>first</u> rabies vaccination mentioned in Part 3.

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,