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 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 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 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 and Address	Tel/Fax
CSIRO Livestock Industries Australian Animal Health Laboratory (AAHL) 5 Portarlington 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.surename@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 Mõdling 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 Sanidady 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 K-State Rabies Laboratory, Manhattan/K-State Innovation Center, 2005 Research Park Circle, Manhattan, Kansas 66502, USA	Tel: (01) 785 532 4483 or 785 532 4455 Fax: (01) 785 532 4474 or 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

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 rabies vaccination.

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 rabies 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,

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
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Cheung Sha Wan Government Offices
303 Cheung Sha Wan Road
5th Floor, Kowloon, Hong Kong.

狂犬病抗體血液測試注意事項

5. 狂犬病抗體血液測試方法

必須採用以下其中一種方法做測試。

a. 快速螢光聚集抑制測試法(RFFIT)

b. 狂犬病中和抗體滴度測試法(RNATT)

c. 由國際獸疫局編印的<<OIE疫苗及診斷測試方法標準手冊>>所列明認可的其它狂犬病抗體血液測試法，該手冊可於www.oie.int網址查閱。

d. 測試結果單位須以IU/ml (免疫單位/毫升)標示 。

6. **動物識別**

在抽取血液樣本之前該動物須已植入微型晶片作明確識別。除非所使用的是 AVID 系統的微型晶片，輸入該動物的人士須確保抵埗後有適合的掃瞄器檢讀微型晶片。

(註：香港所有超過五個月大的狗隻均須植入 9 位數字的 AVID 系統的微型晶片。建議你使用 9 位數字 AVID 系統的微型晶片，以免狗隻進入香港後要植入多一塊微型晶片。)

7. 進行狂犬病抗體血液測試前的狂犬病防疫注射規定

血液樣本須在接受狂犬病防疫注射不少於 30 日後抽取。初次接種狂犬病疫苗時寵物必須大於 90 日齡。

8. 測試有效期

測試報告由採血日期起有效期爲一年。

5. 收集及送檢樣本步驟

負責採血樣本的獸醫需與有關的化驗室查詢樣本採集運送方法等等所須注意事項。

6. 狂犬病抗體血液測試補充證書

動物付運時必須附同一份隨附格式的狂犬病抗體血液測試補充證書。如貓狗的血液樣本在香港抽取的請用表格**" PC103-blood test-HK"**，而血液樣本在外地抽取的請用表格**" PC104-blood test-FC "**。如血液樣本在外地抽取，但在補充證書上簽署的獸醫與在動物健康證書(表格編號:VC-DC2)上簽署的獸醫不屬同一人時，則該獸醫的簽署必須由官方獸醫在相關的欄位簽署及蓋印確認。"官方獸醫"是指獲出口國/地方獸醫當局授權的政府獸醫或特別委任的獸醫。

7. 認可化驗室

狂犬病抗體血液測試必須由以下認可化驗室進行。

a. 由出口國/地方有關當局認可的官方化驗室。

b. 由漁農自然護理署認可列於附表一的化驗室。

附表一

漁農自然護理署認可測試狂犬病抗體化驗室名單

地址及名稱	電話/傳真
CSIRO Livestock Industries Australian Animal Health Laboratory (AAHL) 5 Portarlington 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.surename@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 Mõdling 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 Sanidady 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 K-State Rabies Laboratory, Manhattan/K-State Innovation Center, 2005 Research Park Circle, Manhattan, Kansas 66502, USA	Tel: (01) 785 532 4483 or 785 532 4455 Fax: (01) 785 532 4474 or 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

補充證書–狂犬病抗體血液測試

(適用於血液樣本在香港抽取)

第一部份: 動物主人

姓名:_____

地址:_____

第二部份: 動物詳情

動物種類:_____年齡或出生日期:_____

性別:_____品種:_____毛色:_____

晶片識別號碼:_____晶片制造商及型號:_____

第三部份: 狂犬病防疫注射記錄

該動物曾接受下述滅活性狂犬病疫苗注射而隨附防疫注射證明書正本上已有記錄:

防疫注射日期	滅活性狂犬病疫苗名稱	疫苗批號	有效日期
年 月 日			年 月 日

第四部份: 狂犬病抗體血液測試結果

本人，即下開簽署人，謹此聲明於**第二部份**所列的動物是由我抽取血液樣本的，我已由官方認可化驗室收到以下狂犬病抗體血液測試報告結果:

採血樣本日期	官方認可化驗室名稱及地址	測試結果(IU/ml)
年 月 日		

隨附化驗室報告正本或其核實副本，上述報告顯示狂犬病抗體滴度測試水平不少於每毫升血液內含0.5國際單位。

第五部份: 獸醫證明書

本人，乃根據香港法例529章獸醫註冊法規所登記註冊的獸醫，現證明於第二部份所列動物的血液樣本在接受狂犬病防疫注射不少於30日後抽取。

獸醫簽名:_____姓名正楷:_____

診所名稱及地址:_____

日期: 年 月 日 印章:

補充證書–狂犬病抗體血液測試

(適用於血液樣本在香港境外抽取)

第一部份: 動物主人

姓名: _____

地址: _____

第二部份: 動物詳情

動物種類:_____年齡或出生日期:_____

性別:_____品種:_____毛色:_____

晶片識別號碼: _____晶片制造商及型號: _____

第三部份: 狂犬病防疫注射記錄

該動物曾接受下述滅活性狂犬病疫苗注射而隨附防疫注射證明書正本上已有記錄:

防疫注射日期	滅活性狂犬病疫苗名稱	疫苗批號	有效日期
年 月 日			年 月 日

第四部份: 狂犬病抗體血液測試結果

本人，即下開簽署人，謹此聲明於**第二部份**所列的動物是由我抽取血液樣本的，我已由官方認可化驗室收到以下狂犬病抗體血液測試報告結果:

採血樣本日期	官方認可化驗室名稱及地址	測試結果(IU/ml)
年 月 日		

隨附化驗室報告正本或其核實副本，上述報告顯示狂犬病抗體滴度測試水平不少於每毫升血液內含0.5 國際單位。

第五部份: 獸醫證明書

本人乃該動物出口國／地方執業的註冊獸醫，現證明於第二部份所列動物的血液樣本在接受狂犬病防疫注射不少於30日後抽取。

獸醫簽名:_____姓名正楷:_____

診所名稱及地址: _____

日期: 年 月 日 印章:

***第六部份: 政府獸醫核證**(如上述獸醫與簽發動物健康證書(表格編號.:VC-DC2)的獸醫並非同一人時，此部份必須填寫。)

本人乃**全職政府獸醫官**，現證實上述獸醫是在有關動物出口國家/地方執業的註冊獸醫。

簽署：_____姓名(正楷)：_____日期: 年 月 日

官方身分： 官方印鑑或印章➔

*請刪去不適用者。