

狂犬病血清抗體檢測結果證明書  
暨申請書  
Rabies Serological Certificate and  
Submission Form



農業部獸醫研究所  
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修訂版本及日期：第五版 2025/01/20

證書號及核發日期 Certificate number and Date :

|                                                                                                                      |                                                                                            |                                                                                                                                                                                       |                                                                                                                                                                                                        |                            |                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------|--|
| 本欄由申請人填寫(This block shall be filled in by applicant)                                                                 | 抗體檢測方法<br>Serological test                                                                 | <input type="checkbox"/> FAVN Test <input type="checkbox"/> RFFIT                                                                                                                     |                                                                                                                                                                                                        | 申請狀態<br>Type of submission | <input type="checkbox"/> 初次申請 New submission                          |  |
|                                                                                                                      | 動物目的地<br>Destination of animal being exported :                                            |                                                                                                                                                                                       |                                                                                                                                                                                                        |                            | <input type="checkbox"/> 補發 Reissue<br>原證書號 Original certificate No : |  |
|                                                                                                                      | 申請人資料<br>Applicant's details                                                               | 姓名 Name :                                                                                                                                                                             |                                                                                                                                                                                                        |                            | 申請人電話 Phone of applicant :                                            |  |
|                                                                                                                      |                                                                                            | 電子郵件 Email :                                                                                                                                                                          |                                                                                                                                                                                                        |                            | 申請人國內地址 Domestic address of applicant (中文填具 in Chinese) :             |  |
| 付款資訊 Payment information                                                                                             |                                                                                            | <input type="checkbox"/> 隨案檢附繳費證明影本                                                                                                                                                   |                                                                                                                                                                                                        |                            |                                                                       |  |
| 報告及收據寄送<br>Send the certificate to                                                                                   |                                                                                            | <input type="checkbox"/> 申請人地址 Applicant's address ; <input type="checkbox"/> 動物醫院 Clinic's address ;<br><input type="checkbox"/> 其他 other : _____ 收件人(recipient) , _____ 地址(address) |                                                                                                                                                                                                        |                            |                                                                       |  |
| 本欄由獸醫師填寫(This block shall be filled in by veterinarian)                                                              | 動物醫院名稱 Clinic name :                                                                       |                                                                                                                                                                                       | 獸醫師姓名 Name of veterinarian :                                                                                                                                                                           |                            | 獸醫師簽署 Signature of veterinarian :                                     |  |
|                                                                                                                      | 動物醫院電話<br>Phone number of veterinary clinic :                                              |                                                                                                                                                                                       | 動物醫院地址 Address of veterinary clinic :                                                                                                                                                                  |                            |                                                                       |  |
|                                                                                                                      | 動物資料<br>Animal details                                                                     | 動物別 Animal species :<br><input type="checkbox"/> 犬 dog <input type="checkbox"/> 貓 cat<br><input type="checkbox"/> 雪貂 ferret                                                           | 動物性別 Animal gender :                                                                                                                                                                                   |                            | 年齡 Age (year)/出生日期(Date of birth, DD/MM/YYYY) :                       |  |
|                                                                                                                      |                                                                                            | 晶片號碼 Microchip number :                                                                                                                                                               |                                                                                                                                                                                                        |                            |                                                                       |  |
|                                                                                                                      |                                                                                            | 採血日期 Date of blood sampling (DD/MM/YYYY) :                                                                                                                                            |                                                                                                                                                                                                        |                            |                                                                       |  |
|                                                                                                                      | 最近三次狂犬病疫苗免疫資料<br>The last three vaccination details                                        | 免疫日期 Vaccination date (DD/MM/YYYY)                                                                                                                                                    | 疫苗產品名<br>Vaccine name                                                                                                                                                                                  | 疫苗製造商<br>Vaccine producer  | 批號<br>Batch Number                                                    |  |
|                                                                                                                      |                                                                                            |                                                                                                                                                                                       |                                                                                                                                                                                                        |                            |                                                                       |  |
|                                                                                                                      |                                                                                            |                                                                                                                                                                                       |                                                                                                                                                                                                        |                            |                                                                       |  |
|                                                                                                                      |                                                                                            |                                                                                                                                                                                       |                                                                                                                                                                                                        |                            |                                                                       |  |
| 註:申請人及獸醫師應對上述所填資料負責<br>Note: The hereinbefore information filled by the applicant and the veterinarian is authentic. |                                                                                            |                                                                                                                                                                                       |                                                                                                                                                                                                        |                            |                                                                       |  |
| 本欄由獸醫研究所填寫(This block shall be filled by VRI)                                                                        | 血清收件日期 Date of receipt (DD/MM/YYYY) :                                                      |                                                                                                                                                                                       | 檢測結果 Results :<br>IU/ml<br>(抗體力價需大於等於 0.5 IU/mL , A titer of 0.5 IU/mL or above indicated an acceptable rabies antibody level for the purpose of export)<br><input type="checkbox"/> 不受理件 Refused case |                            |                                                                       |  |
|                                                                                                                      | 收件編號 VRI number :                                                                          |                                                                                                                                                                                       |                                                                                                                                                                                                        |                            |                                                                       |  |
|                                                                                                                      | 實驗室人員簽署及日期 Signature of supervisor :                                                       |                                                                                                                                                                                       |                                                                                                                                                                                                        |                            |                                                                       |  |
|                                                                                                                      | 註: 本所僅對收件檢體之檢測結果負責<br>Note: VRI is only responsible for the result of the received sample. |                                                                                                                                                                                       |                                                                                                                                                                                                        |                            |                                                                       |  |

## 送檢須知 Sampling instructions

### 一般原則 General information :

1. 本證明書僅對收件檢體負責，用於犬、貓、雪貂於國際間運輸之狂犬病血清報告證明，不作其他目的使用 This certificate is only responsible for the received sample. The approved certificate is only for the international movement of dogs, cats, and ferrets, not for other purposes.
2. 每一檢體寄送填寫個別申請書並隨檢體包裹運輸 Each submission form is used for one serum sampled from an individual animal. The serum sample shall be sent with this form.
3. 申請書請以電腦輸入或手填(勿使用鉛筆或可擦拭性原子筆)相關欄位資訊，動物目的地除本國外，須以英文或中英雙語進行填寫。文件請於簽名處進行簽署後，申請書正本須隨檢體寄送，另請將電子檔案寄至實驗室電子郵件信箱 rabies@mail.nvri.gov.tw This submission form shall be filled in by typing or handwriting (do not use pencil or erasable pen). The submission form shall be filled in English or both English and Chinese. The submission form with signatures shall be sent with the sample. The electronic file shall be sent to the email address: rabies@mail.nvri.gov.tw.
4. 檢體寄送地點：農業部獸醫研究所疾病診斷組 25158 新北市淡水區中正路 376 號 Send sample to Animal Disease Diagnosis Division, Veterinary Research Institute, Ministry of Agriculture, No.376, Zhongzheng Rd., Danshui Dist., New Taipei City 25158, Taiwan (R.O.C.)

### 繳費資訊 Payment information :

1. 每件檢測費用新臺幣 5,000 元(含證書費)，請於檢體寄送前 7 日內將檢測費用匯款至下列帳號，匯款手續費由申請人負擔，實驗室於確認後安排檢測 Please pay 5,000 NTD (New Taiwan Dollar) (certificate fee is included) for each test to VRI's bank account below by bank remittance within 7 days before sample submitted. Please note that bank transfer fee will be borne by client and that testing will only commence after completion of the bank remittance is confirmed.
2. 補發證明書費用新臺幣 300 元，請於申請書寄送前 7 日內完成繳費。For reissuing an approved certificate, 300 NTD shall be paid (postal fee is included) by client within 7 days before application submitted.
3. 匯款方式 Methods of remittance
  - (1) 銀行電匯  
匯款銀行：中央銀行國庫局，戶名：農業部獸醫研究所其他雜項收入戶，帳號：12510802108007，附言加註：狂犬病抗體檢測費用。  
Over-the-counter remittance  
Beneficiary's Bank: Department of the Treasury of CBC;  
Beneficiary's Name: 農業部獸醫研究所其他雜項收入戶 (Chinese only);  
Beneficiary's Bank Account No.: 12510802108007;  
Remarks of payment: Payment of rabies serology test
  - (2) e-Bill 全國繳費網 (Chinese website only)  
選擇「政府機關相關費用」項下之「國庫款項費用」  
帳號：12510802108007  
銷帳編號：16+連絡電話號碼（市話或行動電話皆可），例：16+區域碼+市話號碼或 16+行動電話號碼（不含-、空格，含 16 共可輸入 12 碼）  
e-Bill website  
Select "Treasury Payment Fees" under "Fees Related to Government Agencies."  
Account number: 12510802108007  
Payment reference number: 16 + contact phone number (either a landline or mobile phone number is acceptable). Example: 16 + area code + landline number or 16 + mobile phone number. Do not include hyphens or spaces. Including "16," a total of up to 12 digits can be entered.
  - (3) 親臨本所付款，僅受理現金。服務時間：工作日上午 9-12 點及下午 1-5 點。

Go to VRI and pay in cash. Work hour: 9 am-12 pm and 1 pm-5 pm in workdays  
完成付款後，請將付款單據電子檔案寄至實驗室電子郵件信箱  
rabies@mail.nvri.gov.tw

The electronic receipt shall be sent to the email address: rabies@mail.nvri.gov.tw.

**檢體要求 Requirement of Sample :**

1. 檢測須至少 1 ml 血清 Minimal required serum volume for testing is 1 ml.
2. 血清檢體應標示動物晶片號碼 Each sample shall be labeled with the animal's microchip number.
3. 三層包裝且最外層包裝應堅固，檢體容器應可防洩漏，如發生破損不予檢測；國際運輸包裝需符合 IATA 650 指示 The packaging shall consist of three components and the outer packaging shall be rigid. The primary receptacle(s) shall be leak proof and the sample will not be test if broken. International shipping should be packed in compliance with IATA packing instructions 650.
4. 血清顏色應呈透明黃色，溶血或混濁血清易有細胞毒性而影響檢測 The color of serum shall be transparent yellow. Hemolytic or cloudy serum may cause cytotoxic effect and affect the results of test.

**檢疫須知 Quarantine information :**

1. 涉及動物輸出入檢疫部分請申請人自行參閱農業部動植物防疫檢疫署提供資訊辦理  
Applicants should read the quarantine regulations in advance.  
<https://www.aphia.gov.tw/index.php>

**聲明事項 Declarations :**

1. 未依前述規定辦理者，本所不予受理進行檢測  
VRI will refuse to test if any contravention of above statements.
2. 申請人同意無論案件受理與否，檢體均不退還  
The client agree the samples after the test and the samples of refused cases will not be sent back.
3. 涉及違反檢疫規定者另依規定處理  
If there is any offence to quarantine laws/regulations with regard to the case/sample, it will be processed according to quarantine laws/regulations.
4. 不予受理原因可歸咎於申請人者，且不依規定進行文件補正或補寄檢體者，本所不退還該送件檢測費用  
VRI will not refund the payment for test if the cause of refused cases due to the client and the client refuse to provide supplemented document or send required sample.
5. 申請人於申辦檢測服務前，已自行確認目的地國家（或地區）受理本所出具之檢測報告。

The client acknowledges that, prior to applying for the testing services, client has verified that the destination country (or region) accepts the test report issued by VRI.

本人\_\_\_\_\_ (姓名)已閱讀上述送檢須知並同意聲明事項，特此向農業部獸醫研究所提出申請，申請人簽署：\_\_\_\_\_ (簽名) 及日期：\_\_\_\_\_

(DD/MM/YYYY)

I, \_\_\_\_\_ (name) already read sampling instructions and agree all declarations. I hereby submit this sample to VRI. Signature of applicant: \_\_\_\_\_ (Signature) and date: \_\_\_\_\_

(DD/MM/YYYY)