



Kansas State Veterinary  
DIAGNOSTIC LABORATORY

# Credit Card Authorization Form

**The Rabies Laboratory**  
Kansas State University  
2005 Research Park Circle  
Manhattan, KS 66502

**Phone:** 785-532-4483  
**Fax :** 785-532-4474  
**Email:** rabies@vet.k-state.edu  
<http://www.ksvdl.org/rabies-laboratory/>

**Please include this form with your sample submission or fax/email to the Rabies Lab if sample already has been shipped. Pay Now Online at:**  
<http://www.ksvdl.org/accounting-billing/index.html>

Clinic Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

**Animal ID/Microchip Number(s):** Please enter all the ids or microchip numbers that apply:

**Description of Service:** Prices effective 07/01/2017\*

STAT \$165     FAVN \$90     RFFIT endpoint \$71     RFFIT screen \$47

STAT fee does not include testing fee. Prices are per sample. Please include the total dollar amount if more than one service is selected.

**Optional Courier Service:** Prices effective 07/01/2017\*

International Shipping \$55     Shipping within the US \$25  
 Charge my Shipping Account     FedEx     UPS     DHL    Account # \_\_\_\_\_

Only one courier fee per samples submitted together (must arrive at the same time, samples received on different dates require separate couriers). If destination is Hawaii, Guam, or a Caribbean Island (excluding Trinidad), no courier option, official results will be sent directly to the Quarantine Authority. Submitting clinic will receive an email or fax copy of the results only.

Cardholder's Name (as on card): \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of card:     MasterCard     Visa     Discover     American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/yyyy)

**Total Amount:** \_\_\_\_\_

Cardholder's Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

**Note: If this is an international charge, please contact your credit card company to preauthorize this charge.**

Optional: Clinic Account # \_\_\_\_\_ Accession # \_\_\_\_\_

Test results are sent to the submitting clinic regardless of who pays for the test and shipping. However, the FAVN report can be sent to an alternate location if written and signed permission from the submitting clinic is provided. Payments can be made online at <http://www.ksvdl.org/accounting-billing/index.html> (click "PAY NOW"). For payment questions please contact the business office at 785-532-3294 or via email at [vdlobusiness@vet.k-state.edu](mailto:vdlobusiness@vet.k-state.edu). All prices are subject to change. \*See website for current prices.