Kansas State University Rabies Laboratory – Manhattan, KS 66502

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 07/01/2019*

- ☐ FAVN (Animal for Export) $90 + *1% Biohazard Fee* = $90.90 x ____ (number of animals) = $ _____
- ☐ RFFIT endpoint $73 + *1% Biohazard Fee* = $73.73 x ____ (number of animals) = $ _____
- ☐ RFFIT screen $47 + *1% Biohazard Fee* = $47.47 x ____ (number of animals) = $ _____

Optional Services: No Biohazard Fees assessed. Prices effective 07/01/2019*

- ☐ STAT $170 $170.00 x ____(number of animals) = $ _____

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

- ☐ International Shipping or Saturday Delivery within US $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: _____

Card Number: _____

Expiration Date: _____/_____ (mm/yyyy) **Total Amount:** _____

Type of card: ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Cardholder's Authorized Signature: _____ Date: ____/____/_____

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 vdlbusiness@vet.k-state.edu. All prices are subject to change. *See website for current prices.