



Rabies Serology for Vaccine Titer Response by RFFIT Method for Human Specimen Only



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

Phone: 785-532-4483
 Fax : 785-532-4474
 Email: rabies@vet.ksu.edu
www.vet.ksu.edu/rabies

Doctor or Contact Person _____ Clinic Name _____ Address _____ City _____ State _____ Zip _____ Country _____ Phone Number _____ Fax Number _____ Email _____	For KSVDL Rabies Laboratory Use Only
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Please provide all requested information. Blanks may delay processing. Please TYPE or complete online and print. Handwritten information is open to interpretation by this laboratory. **Note: If no specific test is requested, sample will be run as a Screen. Charges will apply for additional testing requests.**

Patient(s) Information

Name / ID#	Test Type (Check One) See note above	Sex	Age	Rabies Vaccination History	Date of Draw	Sample Type (Check One)
	<input type="checkbox"/> Endpoint <input type="checkbox"/> Screen					<input type="checkbox"/> Serum <input type="checkbox"/> CSF
	<input type="checkbox"/> Endpoint <input type="checkbox"/> Screen					<input type="checkbox"/> Serum <input type="checkbox"/> CSF
	<input type="checkbox"/> Endpoint <input type="checkbox"/> Screen					<input type="checkbox"/> Serum <input type="checkbox"/> CSF
	<input type="checkbox"/> Endpoint <input type="checkbox"/> Screen					<input type="checkbox"/> Serum <input type="checkbox"/> CSF
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	<input type="checkbox"/> Endpoint <input type="checkbox"/> Screen					<input type="checkbox"/> Serum <input type="checkbox"/> CSF
	<input type="checkbox"/> Endpoint <input type="checkbox"/> Screen					<input type="checkbox"/> Serum <input type="checkbox"/> CSF

Signature of Submitter: _____ **Date:** _____
 Results will be sent to submitting clinic unless otherwise specified.

Opened by: _____ Processed by: _____ Computer Entry: _____ Reviewed by: _____ For Lab Use Only: <input type="checkbox"/> Transferred by: _____ <input type="checkbox"/> Payment Received: _____



Rabies Antibody Testing by the RFFIT Method for Vaccine Titer Response



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Specimen Requirements: Required sample volume is **1-2 mLs of serum**. Collect the blood sample in a tube with no anticoagulant and transfer serum to a 5.0 mL plastic leak-proof tube. Cerebral Spinal Fluid (CSF) testing is also available.

Reference Range: In humans, a result of 0.5 IU/mL or greater is considered acceptable according to the World Health Organization (WHO) guidelines. Greater than complete neutralization at a 1:5 serum dilution (equivalent to 0.1-0.2 IU/mL in KSU Rabies Laboratory) is considered acceptable per the Advisory Committee on Immunization Practices (ACIP); see [WHO](#) and [ACIP](#) documents, as well as the [result interpretation for humans](#) on our website for additional guidance.

Which Test to Request: **If no specific test is requested, sample will be run as a Screen. Charges will apply for additional testing requests.**

Screen: Qualitative results. For those who want to know if they need a booster of rabies vaccine. Results are reported as either LESS THAN 0.1 IU/mL, \geq 0.1 IU/mL, or \geq 0.5 IU/mL.

Endpoint: Quantitative results. For those who want to know their exact titer between the reportable range of 0.1 to 15.0 IU/mL For special requests/study samples, please contact the laboratory prior to submitting samples.

Fee: See [Cost Of Test](#) listing on website, prices subject to change.

Payment: Payment may be made by including a check (payable to KDAS), money order, or the "[Credit Card Authorization Form](#)".

Routine Turnaround: Results will be ready in approximately 3-4 weeks, in some cases it can take shorter or longer. Results will be faxed, emailed or sent via regular mail per [Result Send-Out](#) preference.

Shipping Information: Specimen tube should be placed in a sealed plastic bag surrounded with absorbent material. This package should be placed inside of a container with gel packs or dry ice, and sufficient padding to keep tubes from breaking. An overnight shipping service is highly recommended. Shipping charges are the responsibility of the shipper.

Specimen Labeling: ALL specimen tubes must be labeled with the Patient's name/identification number. Specimens not properly labeled may not be accepted by the laboratory. All samples must have an accompanying "Rabies Serology for Vaccine Titer Response by RFFIT Method for Human Specimen Only" submission form. The blood draw date must be included on this form. If these requirements are not met the test may be cancelled or delayed.

Send Samples to:
The Rabies Laboratory
Kansas State University
2005 Research Park Circle
Manhattan, KS 66502

Rejection Criteria:

Gross hemolysis (serum is dark red in color)	Bacterial contamination
Gross lipemia (serum is milky in appearance)	Unlabeled sample tube
Sample is not a serum sample (i.e., plasma)	
Insufficient volume (QNS - quantity not sufficient)	

Laboratories Licenses:

California	AAVLD
Florida	CLIA
Maryland	CPT Code - 86382
New York	Quality Assurance Letter (Human)
Pennsylvania	Rhode Island