



# 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](http://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

Please provide all requested information. 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 Information

Name / ID#	Test Type (Check One)	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
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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:**  Transferred by: \_\_\_\_\_  Payment Received: \_\_\_\_\_



## Rabies Antibody Testing by the RFFIT Method for Vaccine Titer Response



**KSU 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](http://www.vet.ksu.edu/rabies)

- Specimen Requirements:** Required sample volume is **1-2 mL 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 the KSU Rabies Laboratory) is considered acceptable per the Advisory Committee on Immunization Practices (ACIP); see [WHO](#) and [ACIP](#) documents, as well as information 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), submitting the [Credit Card Form](#), or [paying online](#).
- Routine Turnaround:** Results will be ready in approximately 3-4 weeks, in some cases it can take shorter or longer. Results will be faxed or emailed to the submitting clinic.
- 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 [RFFIT for Humans submission form](#). **The blood draw date must be included on this form.** If these requirements are not met the test may be 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 opaque in color) | Bacterial contamination |
| Gross lipemia (serum is milky opaque in appearance) | Unlabeled sample tube   |
| Sample is not a serum sample (i.e., plasma)         |                         |
| Insufficient volume (QNS - quantity not sufficient) |                         |
- Laboratories Licenses:**
- |              |                                  |
|--------------|----------------------------------|
| California   | AAVLD                            |
| Rhode Island | CLIA                             |
| Maryland     | CPT Code - 86382                 |
| New York     | Quality Assurance Letter (Human) |
| Pennsylvania |                                  |

Forms and information are also available on the web at <http://www.vet.k-state.edu/rabies>. If you have additional questions, please call The Kansas State University Rabies Laboratory at (785) 532-4483 or email [rabies@vet.ksu.edu](mailto:rabies@vet.ksu.edu).