



Kansas State Veterinary  
DIAGNOSTIC LABORATORY

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

**The Rabies Laboratory**  
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Manhattan, KS 66502

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<http://www.ksvdl.org/rabies-laboratory/>



<b>Doctor or Contact Person</b> _____ 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. 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.

<b>For Lab Use Only:</b> Opened by: _____	Processed By: _____
Transferred By: _____	Payment Received: _____