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**RABIES ANTIBODY TESTING**  
**RAPID FLUORESCENT FOCUS INHIBITION TEST (RFFIT)**  
**Humans and Animals**

ATLANTA HEALTH ASSOCIATES was established in 1993 by the late Keith Sikes, D.V.M., M.P.H. and Mary Yager, B.S. Since that time the laboratory in Cumming, Georgia has offered the rabies viral neutralization test (RFFIT) test for both human and animal specimens. This licensed facility is under the directorship of Richard H. Newhouse, Ph. D.

**COST OF TESTS:**

<b>WHO Screen:</b>	\$40.00	To determine if booster dose is needed according to <a href="#">WHO Guidelines</a> .
<b>WHO/ACIP Screen:</b>	\$55.00	To determine if booster dose is needed according to WHO or <a href="#">ACIP Guidelines</a> .
<b>End Point:</b>	\$65.00 (human or animal)	To determine a more exact titer in accordance with WHO OR ACIP Guidelines.

**TITER INTERPRETATION**

- A titer  $\geq 0.5$  International Units (IU) indicates a positive antibody response to rabies vaccination.
- A titer of  $< 0.5$  IU indicates a need for a booster dose of vaccine. (Per [WHO Guidelines](#))
- A titer **NOT** showing complete neutralization at the 1:5 dilution indicates a need for a booster dose of vaccine (Per [ACIP Guidelines](#).)
- Results will be mailed seven to ten days after the serum is received. Results can be provided by fax, telephone or email if requested.

**SHIPPING**

- After centrifugation please transfer 0.5 to 1.0 ml serum or plasma from Vacutainer tube to plastic leak-proof container. Sample must reach the bottom of the tube. Send refrigerated serum or plasma and the attached form to the above address. **PLEASENOTE:** If samples are submitted other than specified, there will be an additional special handling charge of \$5.00.

**Samples may be rejected because of:**

- Gross hemolysis
- Gross lipemia
- Volume less than 0.5mL
- Contamination
- Specimen mislabeled

**PAYMENT**

- **Institutions** should provide billing address with specimens and purchase order number if required.
- **Individuals** should include a personal check or money order made payable to:  
**Atlanta Health Associates, Inc.**

**Request for Rabies RFFIT Serology**

**Company Name & Address For Results:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Attention:** \_\_\_\_\_  
**Telephone #** \_\_\_\_\_  
**Fax #** \_\_\_\_\_  
**Email** \_\_\_\_\_  
**PO# (if necessary):** \_\_\_\_\_

**Costs:** (Please choose one)  
 See Preceding Info page for details  
**WHO Screen:** \$40.00  
 (Default if none selected)  
**ACIP Screen:** \$55.00  
**End Point:** \$65.00 (Human or animal)

**PLEASE PRINT LEGIBLY**

**\*Special Handling: \$5.00 (see below)**

**Billing Address** \_\_\_\_\_  
 (If different from above) \_\_\_\_\_  
 \_\_\_\_\_

**Individuals:** Please enclose check or money order made payable to:  
**Atlanta Health Associates, Inc.**  
**Institutions:** Please provide mailing address & PO# if required

**\*Shipping Instructions**

- After centrifugation, please transfer 0.5 to 1.0 mL serum or plasma from vacutainer tube to plastic, leak-proof container and package according to shipper's standard for Biological Specimens. (see FAQ)
- Send refrigerated serum or plasma and this form to the above address.
- Deliveries cannot be accepted on weekends or holidays

Name	Vaccination History	Specimen Date	Comments	Lab Use
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				