

309 Pirkle Ferry Road, Suite D300
Cumming, GA 30040
www.atlantahealth.net

**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: Please note we do not charge additional fees for Biohazard disposal.

WHO Screen: \$50.00	To determine if booster dose is needed according to WHO Guidelines .
ACIP Screen: \$65.00	To determine if booster dose is needed according to WHO or ACIP Guidelines .
End Point: \$78.00 (Human or Animal)	To determine a more exact titer in accordance with WHO OR ACIP Guidelines .

TITER INTERPRETATION:

- A titer > 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](#).
- Normally, results will be available seven to ten days after the sample is received. Results will be provided by fax or email.

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. **PLEASE NOTE:** If samples are submitted other than specified, there will be an additional special handling charge of \$5.00.

We do not pay for shipping. All shipping must be prepaid.

Samples may be rejected because of:

- Gross hemolysis
- Gross lipemia
- Volume less than 0.5mL
- Contamination or leakage
- 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: \$50.00 (Default if none selected)

ACIP Screen: \$65.00

End Point: \$78.00 (Human or animal NOT FOR EXPORT)

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 WE DO NOT PAY SHIPPING**

After centrifugation, transfer 0.5 to 1.0 mL serum or plasma from vacutainer tube to a plastic, leak-proof container and package according to the shipper's standard for Biological Specimens. (See FAQ)

SAMPLE MUST REACH THE BOTTOM OF THE TUBE.

Send refrigerated serum or plasma and this form to the above address.
Deliveries cannot be accepted on weekends or holidays.

Sample Name	Vaccination History (if known)	Specimen Date	Comments	Lab Use
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				