(770) 205-9091 (800) 717-5612 Fax (770) 205-9021 info@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:

WHO	\$40.00	To determine if booster dose is needed according to WHO
Screen:		Guidelines.
WHO/ACIP	\$55.00	To determine if booster dose is needed according to WHO or
Screen:		ACIP Guidelines.
End Point:	\$65.00 (human or animal)	To determine a more exact titer in accordance with WHO OR
	\$75.00 (animal/export)	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 <u>WHO Guidelines</u>)
- A titer **NOT** showing complete neutralization at the 1:5 dilution indicates a need for a booster dose of vaccine (Per <u>ACIP Guidelines.</u>)
- 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 leakproof container. 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.

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 and animal exports should include a personal check or money order made payable to: Atlanta Health Associates, Inc.

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Request for Rabies RFFIT Serology

Name & Address	Costs:	(Please choose one)		
For Results:	See Pre	See Preceding Info page for details		
	WHO Screen:	\$40.00		
Attention:		(Default if none selected)		
Telephone #	ACIP Screen:	n: \$55.00		
Fax#				
Email	End Point:	\$65.00 (Human or animal)		
		\$75.00 (Export)		
	*Special Handl	*Special Handling: \$5.00 (see below)		
Billing Address				
(If different from above)	check or money	xports: Please enclose order made payable to		
Shipping Instructions	Atlanta Health A			
 After centrifugation please transfer 0.5 to 1.0 mL s 	erum or address & PO #	ase provide mailing if required by payee.		
plasma from vacutainer tube to plastic leak-proof contai	ner* and	irrequired by payee.		
package to withstand leakage of contents from the container. (See CDC Biosafety Manual or DC	OT guidelines for specific	packaging requirements.		
*Subject to special handling fee if submitted other tha	in specified.			

- Send refrigerated serum or plasma and this form to the above address, preferably via next day delivery.
- Deliveries cannot be accepted on weekends and holidays.

Name (animals being exported must include microchip #)	Vaccination History	Specimen Date	Comments	Lab Use
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

CLIA ID # 11D0883358 / CPT 86382 / FEI # 58-2075228 Richard H. Newhouse, PhD, Laboratory Director