



Rabies Serology for Vaccine Titer Response by RFFIT For Human Specimens Only

K-State Rabies Laboratory
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| | |
|---|---------------------------------|
| Doctor or Contact Person _____ Clinic Name _____ Address _____ City _____ State _____ Zip _____ Country _____ Phone Number _____ Fax Number _____ Email _____ | For K-State Rabies Lab use Only |
|---|---------------------------------|

Please provide all requested information. Blanks may delay processing. Please TYPE or complete online and then print. If unclear, handwritten information is subject to interpretation by laboratory personnel.

Patient(s) 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 |
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Signature of Submitter _____ Date: _____

Results and invoice will be sent to submitter unless otherwise specified.

Opened by: _____ Processed by: _____ Computer Entry: _____ Reviewed by: _____

This submission form is a legal binding contract between KSVDL and the submitting clinic. Fees may be paid by check (payable to KDAS), money order or credit card. All fees incurred are the responsibility of the submitting clinic. A 1.5% finance charge will be assessed on all charges over 30 days.

Version 10/29/2009