Rabies Antibody Titer (RFFIT) Test Submission Guidelines for Maryland Residents Not Employed by the State or Local Health Departments (LHDs)

Effective January 1, 2014

I. RFFIT COLLECTION KIT

To request a RFFIT collection kit, contact the DHMH Laboratories Administration Outfit Room at (410)767-6120. Alternatively, a kit request form can be downloaded at *http://www.dhmh.maryland.gov/laboratories/SitePages/rabies.aspx*, and completed then faxed to (410)333-5019.

A. The RFFIT collection kit includes the following:
   - Serological Testing DHMH-4677 Form (submission form)
   - Red Top Tube
   - Biohazard Bag (6x9)
   - Bubble Wrap
   - RFFIT Specimen Submission Guideline

B. For RFFIT test specific questions, contact the DHMH Rabies Laboratory at (410)767-6177.

C. The DHMH Laboratories Administration Outfit Room will ship the RFFIT collection kits to the address provided on the Kit Request Form.

D. A healthcare provider authorized to request medical laboratory tests listed below MUST authorize the RFFIT test.

M.D. (Doctor of Medicine)	D.D.S. (Doctor of Dental Surgery)
D.M.D. (Doctor of Dental Medicine)	P.A. (Certified Physician Assistant)
C.R.N.P (Certified Registered Nurse Practitioner)	N.P. (Nurse Practitioner)
C.F.N.P (Certified Family Nurse Practitioner)	D.O. (Doctor of Osteopathic Medicine)
M.S.W.C (Master of Social Work Clinical)	D.S.W.C. (Doctor of Social Work Clinical)

II. SPECIMEN SUBMISSION INSTRUCTIONS

For appropriate submission, follow the steps below.

A. On the Serological Testing DHMH-4677 Form (submission form), the name of the healthcare provider authorized to request medical laboratory tests (see list above) MUST be entered in the Test Request Authorized section. Ensure submitter name, address, phone no., and a FAX NO. (fax no. required to receive the test report), are correctly and legibly completed on the submission form. (see completed submission form example attached).

B. Draw the blood using a red top tube. (3-5ml of whole blood is required).

C. Label the red top tube with the following information:
   - Last Name, First Name
   - Date of Birth
   - Collection Date
   - Attach a barcode label located at the bottom of the Serological Testing form to the red top tube.

D. Place the labeled red top tube in the bubble wrap, and then put it in the biohazard bag.

E. Seal the biohazard bag (one specimen per bag).

F. Place the completed Serological Testing DHMH-4677 Form in the outside pocket of the biohazard bag.
Note: Specimens may be stored in the refrigerator (2-8°C), but not more than 3 days before shipping. Inappropriate submissions may result in a delay of testing and or rejection of the submission.

III. PAYMENT

A. A check for $60 must be enclosed for each specimen submission. If you are submitting more than one specimen, please include a check for the total number of specimens.
B. Make checks payable to the DHMH-Laboratories Administration.
C. The completed check MUST be enclosed with the specimen shipment.
D. Contact DHMH Laboratories Administration Fiscal Unit (410-767-6107) for billing inquiries.

IV. SHIPPING

A. Specimens can be sent to the DHMH Rabies laboratory using the following methods:
- Local couriers (shipper is responsible for the cost of shipping).
- Drop-off at the receiving area of the laboratories administration.
- Drop-off at your local health department. However, you MUST call Ms. Denise Shackleford (410-767-6116) to make initial arrangements and get the information for the drop-off location.
- An overnight courier such as FEDEX, UPS, or USPS can be used Monday–Thursday only. (Compliance to IATA regulations is required). NOTE: Certified packaging systems are not supplied by the Laboratories Administration. The shipper is responsible for the cost of shipping.

B. Ship specimens in insulated containers with ice packs. DO NOT use wet ice or dry ice. Also, animal rabies-DFA and RFFIT specimens CANNOT be shipped in the same container.
C. Ship to:
Maryland Department of Health and Mental Hygiene Laboratories Administration
Attention: ACCESSIONING RABIES/RFFIT TITER TESTING
201 W. Preston St.
Baltimore, MD 21201

V. TEST REPORT

The test report will be faxed to the fax number provided on the submission form. Please ensure that you provide a functional fax no.

For additional information, please contact the Rabies-Zoonotic Diseases Program at (410) 767-6177.
http://www.dhmh.maryland.gov/laboratories/SitePages/rabies.aspx