

REQUEST FORM FOR RABIES POST VACCINATION ANTIBODY TITRE BY RFFIT*

Name of the patient/client: Sai Kiran	Age/Sex: 30 Male
Name of Referring doctor and hospital with email ID and mobile number : (If self-referred, details of Client only to be mentioned below) Self	
Complete address: 1505, aparna serene park, kondapur	
Email ID saikiransr4@gmail.com	Contact No. 8978882712
History of Exposure (If applicable) Date and site(s) of exposure: 25th December WHO Category of exposure (Category I/II/III): 2 Bitten/Exposed to which animal: Pet animal Was Post exposure prophylaxis given: Vaccine only/Vaccine and Rabies Immunoglobulin/No PEP	
History of most recent vaccination: Pre-exposure/Post exposure: Nov 7, 10 post exposure Name of Vaccine used:	
Dates of administration: 7 and 10 Nov	Intramuscular/ Intradermal If I.M, site of administration IM shoulder
Any other past history of vaccination? If Yes, provide details January 4, 7, 11, 18, 31	
Any other relevant history:	

***RFFIT:** Rapid Fluorescent Focus Inhibition Test