



Viral Diseases
National Reference center for Rabies

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REFERENCENR. CENTRE

RA /

DATE OF RECEPTION

IDENTIFICATION OF THE REQUESTING LABORATORY

Name :

Adress :

.....

Tel/Fax :

Email :

RABIES

PATIENT INFORMATION (Mandatory)

Your reference number:

Sample type :

Sampling date :

Remarks :
.....
.....

Name patient :

Sex : ☐ M ☐ V

Date of birth :

Nationality:

Postal code:

VERIFICATION RABIES IMMUNE STATUS
DETERMINATION OF ANTI-RABIES ANTIBODIES USING A SERONEUTRALISATION ASSAY TEST (RFFIT)

☐ **Preventive** vaccination (at the expenses of the vaccinee, invoiced to the requesting laboratory)

Dates of vaccination: -
-
-

Activity/travel/job at risk (delete as appropriate):
.....

☐ **Curative vaccination** (at the expenses of the national reference centre (only for Belgian patients))

Date of exposure:

Animal:

Place of exposure (geographically):

Dates of treatment:

Vaccinations: -
-
-
-

Rabies immunoglobulins:

DIAGNOSIS OF RABIES

Patient information

☐ Recent stay abroad

Country or region:

☐ Preventive rabies vaccination

Date:

☐ Curative rabies vaccination

Date:

☐ Treatment with immunoglobulins

Date:

☐ Contact with suspicious animal: bite, scratch, ...

Animal species:

Place of contact (geographically):

☐ Organ/tissue transplantation

☐ Neurological symptoms

☐ Death

Sample information

☐ Brain/neurological tissue (post-mortem) (Direct immunofluorescence and Lyssavirus PCR)

☐ Cerebrospinal fluid (Lyssavirus PCR*)

☐ Skin biopsy (neck) (Lyssavirus PCR*)

☐ Saliva (Lyssavirus PCR*)

☐ Urine (Lyssavirus PCR*)

☐ Paired sera (d1 – d7) (Seroneutralisation)

* In case of a positive sample, genotyping is performed