



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 center (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