

Following are the tests done for Rabies in Department of Neurovirology, NIMHANS:

Ante-mortem Diagnosis

1. Real time PCR (DETECTION OF NUCLEIC ACID) - Turnaround time is 24-48 hours

- **Saliva:** Pooled saliva should be collected at an interval of 2-3 hours, 3-4 times in a day (due to intermittent shedding of the virus). Collect the saliva in a sterile leak-proof screw capped tube/container (seal the container properly) and transport the specimen to the laboratory in cold chain at 2 - 8°C.
- **CSF:** Minimum of 0.5 ml of CSF should be collected in a sterile vacutainer i.e plain blood collection tube (without anticoagulants) or an eppendorf tube and transported to the laboratory in cold chain at 2 - 8°C.
- **Nuchal skin biopsy:** 1x1cm or an area with 10-12 hair follicles from the nape of the neck. Place the specimen in a sterile container. Add only 2-3 drops of sterile normal saline to keep the specimen moist. Do NOT add formalin or any other liquid to the container. Transport to the laboratory in cold chain at 2 - 8°C.

2. Rabies Neutralizing Antibodies (RFFIT) (DETECTION OF ANTIBODIES) - Turnaround time is 48-72 hours

- **Serum:** Minimum of 1 ml of serum should be collected. Collect about 3 ml blood in a plain blood collection tube (without anticoagulants) and **separate the serum by centrifugation**. Transport serum (1ml) to the laboratory in cold chain at 2 - 8°C in a plain blood collection tube (without anticoagulants) or an eppendorf tube.
- **CSF:** Minimum of 0.5 ml of CSF should be collected in a sterile vacutainer i.e plain blood collection tube (without anticoagulants) or an eppendorf tube and transport the specimen to the laboratory in cold chain at 2 - 8°C.

Post-mortem Diagnosis :

1. Real time PCR (DETECTION OF NUCLEIC ACID) - Turnaround time is 24-48 hours

- **Brain tissue:** Brain tissue must be placed in a leak-proof rigid container with 50% glycerol in phosphate buffered saline (PBS) and transported to the laboratory in cold chain at 2 - 8°C.

Kindly make sure the container/ tube in which the specimen is sent is properly sealed to avoid leakage during transport.

The postal address to which the specimen should be shipped to is:

Department of Neurovirology,
NIMHANS, Hosur Road,
Bangalore 560 029
Phone: Off: 080-26995128, 26995126

Kindly send a DD of the following amount:

PCR- Rs 2250 for one sample for private hospitals and Rs.1500 for one sample for government hospitals.
Rabies Neutralizing Antibodies (RFFIT): Rs 750 for one sample for private hospitals and Rs. 500 for one sample for government hospitals.

DD should be in favor of Director, NIMHANS

For other test details kindly go through the Clinician's Handbook at the link provided:

https://nimhans.ac.in/wp-content/uploads/2019/10/Neurovirology-Clinicians-Handbook-Referral-Cases_0.pdf

TEST REQUEST FORM

(SUSPECTED HUMAN RABIES)



DEPARTMENT OF NEUROVIROLOGY

**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES
(NIMHANS), BANGALORE**

(Completed form to be sent along with samples)

Name of the patient:		Age/Sex:
Name of Referring doctor and hospital with email ID and mobile number:		
Complete Address of patient:		
Animal exposure / bite (Specify):		
Date of animal exposure / bite :	Site of bite(s) :	Category I/II/III
Details of wound management :		
Was rabies vaccination administered to patient for the present exposure : YES/NO	Name of vaccine :	
Dates on which administered :	Intramuscular or Intradermal? If IM, site of injection?	
Was rabies vaccination administered to patient anytime in the past : YES/NO	Name of vaccine & dates on which administered :	

Was Rabies Immunoglobulin (RIG) administered – Yes / No / Not known	
If Yes, was it administered <input type="checkbox"/> At the Site of bite only (local) <input type="checkbox"/> Systemic (IM) only <input type="checkbox"/> Local and systemic	Equine/ Human:
Date of admission:	
Clinical features (in detail):	
CT scan/ MRI findings:	
CSF findings : <input type="checkbox"/> Cell count – <input type="checkbox"/> Protein – <input type="checkbox"/> Sugar –	Any other relevant investigations:
Present Treatment being given:	
Diagnostic test requested (Kindly tick) <input type="checkbox"/> Rabies PCR (CSF) <input type="checkbox"/> Rabies PCR (Saliva) <input type="checkbox"/> Rabies PCR (Nuchal skin) <input type="checkbox"/> Rapid fluorescent focus inhibition test (RFFIT) for Rabies neutralizing antibody (CSF) <input type="checkbox"/> RFFIT (Serum)	Date of sample collection
E-Mail ID/IDs to which reports are to be sent (in CAPITALS)	