

### Leishmaniasis Test Request Form (CONUS)

Please fill the request form completely to ensure timely specimen processing.

Test Requested (Check one)	Specimen Requirement	Draw Tube/ medium	Lesion Location # of Lesions	Shipping Conditions (Check one)
<input type="checkbox"/> <b>rK39 - Kalazar Detect™ Rapid Test (VL)</b>	<input type="checkbox"/> 1-2 ml serum	<input type="checkbox"/> SST Tubes <input type="checkbox"/> Red-top tube		<input type="checkbox"/> 2-8° C post-centrifugation, shipped in cold box with ice packs
<input type="checkbox"/> <b>Histopathology (Smear ONLY)</b>	<input type="checkbox"/> Dermal Scrapings <input type="checkbox"/> Touch prep- impression smears	<input type="checkbox"/> Microscope Slides		<input type="checkbox"/> Ambient 15-30°C <input type="checkbox"/> fixed with alcohol <input type="checkbox"/> Stained Slides
<input type="checkbox"/> <b>Molecular test</b>	<input type="checkbox"/> Dermal Scrapings <input type="checkbox"/> Punch Biopsy <input type="checkbox"/> Paraffin Tissue <input type="checkbox"/> Shavings <input type="checkbox"/> Needle Aspirates <input type="checkbox"/> Bone Marrow (VL)	<input type="checkbox"/> 70-100% Ethanol  <input type="checkbox"/> Methanol  <input type="checkbox"/> Isopropanol		<input type="checkbox"/> Ambient 15-30°C
<input type="checkbox"/> <b>Culture</b>	<input type="checkbox"/> Dermal Scrapings <input type="checkbox"/> Punch Biopsy <input type="checkbox"/> Needle Aspirates <input type="checkbox"/> Bone Marrow (VL)	<input type="checkbox"/> LDL Schneider's medium <input type="checkbox"/> Buffered saline <input type="checkbox"/> RPMI		<input type="checkbox"/> Ambient 15-30°C

**Travel History:**

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PATIENT IDENTIFICATION	CONTACT INFORMATION
Patient identifiers <b><u>MUST INCLUDE:</u></b>  Full Name _____  DoD# _____ SSN _____  DOB _____ Draw Date _____  Antibiotic Treatment (Type/dose/length): _____	Clinic/Center/MTF _____  Address _____  Physician Name _____  Phone _____ Fax _____  Email _____  Alternate POC Name _____  Alternate POC Phone _____  Alternate POC Email _____

PROCESSING LAB (For LDL use only)

BARCODE	DATE RECEIVED/LDL #/Initials	Quantity & Type Received

Email ([usarmy.detrick.medcom-wrair.mbx.leishmania-diagnostic@mail.mil](mailto:usarmy.detrick.medcom-wrair.mbx.leishmania-diagnostic@mail.mil)) a tracking number to ensure all shipments sent to the LDL are received, IAW CAP GEN.40530