

### Leishmaniasis Test Request Form (CONUS-CIV)

Please complete the request form to ensure timely specimen processing.

Test Requested (Check one)	Specimen Requirement	Draw Tube/ medium	Lesion Location # 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-impresion 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"/> 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"/> RPMI		<input type="checkbox"/> Ambient 15-30°C

**Travel History:**

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**Clinical History**

Please include lesion location(s), duration of lesion and clinical appearance (nodule, ulcer, plaque, other, describe please)

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PATIENT IDENTIFICATION		CONTACT INFORMATION	
<b>Patient identifiers <u>MUST INCLUDE</u>:</b>  <b>Full Name</b> _____  <b>Unique ID</b> _____  <b>DOB</b> _____ <b>Draw Date</b> _____  <b>Antibiotic Treatment (Type/dose/length):</b> _____		<b>Clinic/Center</b> _____ <b>Address</b> _____ <b>Physician Name</b> _____ <b>Phone</b> _____ <b>Fax</b> _____ <b>Email</b> _____ <b>Alternate POC Name</b> _____ <b>Alternate POC Phone</b> _____ <b>Alternate POC Email</b> _____	
PROCESSING LAB (For LDL use only)			
BARCODE	DATE RECEIVED/LDL #/Initials	Quantity & Type Received	

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