

# MWD Serology Test Request



Public Health Command Region – South  
 ATTN: Diagnostic Laboratory  
 2899 Schofield Road, Suite 2630  
 Ft Sam Houston TX 78234-7583  
 Phone (210) 295-4605/4010/4387 Fax: (210) 270-2559  
 Website: [phc.amedd.army.mil/topics/labsciences/fad/Pages/default.aspx](http://phc.amedd.army.mil/topics/labsciences/fad/Pages/default.aspx)

|                             |
|-----------------------------|
| Date/Time Received          |
| <i>Lab Accession Number</i> |

Print or type information. Check test requested

|  |                                      |
|--|--------------------------------------|
| <b>Tickborne Disease Panel</b>   | Canine anaplasmosis IFA              |
| - Babesia canis IFA  | Brucella canis agglutination and IFA |
| - Ehrlichia canis IFA  | Heartworm antigen ELISA              |
| - RMSF IFA   | Leishmania IFA                       |
| - Lyme Disease IFA and Western Blot                                      | Trypanosoma cruzi IFA                |
| <b>Australia Panel:</b> (Ehrlichia, Leptospirosis, Brucella, Leishmania) | Leptospirosis MAT (7 Serovar Screen) |

Clinical History:

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|                             |                       |
|-----------------------------|-----------------------|
| Dog's Name:                 | Tattoo Number:        |
| Microchip Number:           | Date Serum Collected: |
| VTF Address:                | Clinic Code: _____    |
|                             | Phone: _____          |
|                             | Fax: _____            |
| Name of Veterinarian: _____ |                       |
| Signature: _____            |                       |

Laboratory Test Results: