CSD Form 15
Version 1.2
Revised: JUL 2013

USAPHC, PHCR-Europe
LABORATORY SCIENCES (LS)

MCHB-RE-L

Request for Laboratory Analysis: Vector Borne • Tick

Project No.:	**RLA Reviewed By:**	**Date:**	**LS SRN:**
Project Officer:	**Email:**	**Tel:**	
Alternate POC:	**Email:**	**Tel:**	
Address:			
Installation Site:			
Fund Source:	**MIPR No.:**	**ARLOC / WIC / VC#:**	
Sample Collection Date:	**Sample Collection Time:**	**Local**	**or UTC {Zulu}**
SELECT Certificate of Analysis Delivery Schedule:			
Analysis Priority Requested (Justification Required for Non-Routine Priority):			

Note 1: *LS does not process clinical samples, **only** environmental samples are accepted for analysis.*

Note 2: *All samples **must** be shipped and arrive at the laboratory in alcohol.*

Note 3: *LS assumes neither responsibility nor liability for the sampling protocols employed by the customer.*

☐ *I do **NOT** authorize LS* to sub-contract requested analyses to an accredited Contract Laboratory.

For LS Use Only					Pathogen Identification Requested					
LS ID No.	**Customer Sample No.**	**Species**	**Life Stage**	**# per Tube**	***Borrelia spp.***	***Anaplasma phagocytophilum***	***Ehrlichia spp.***	***CCHF Virus***	***TBE Virus***	**Date Collected [YYYY-MM-DD]**

Remarks (characteristics, location, etc.):

— For Laboratory Use Only —

Date Received:	**Received By:**	**Holding Area: CSD Bldg. 3809 Rm. 147**