

## Additional file 3: Genomic Drug Resistance Profiling for Antileishmanial Drugs by LeishGenR™ Test Request

### Sample details

Animal name  Breed

Internal sample ID  Sex

Has the animal been/being treated? If yes, specify which treatment.

Has the animal shown clinical signs suggestive of leishmaniosis at the time of sample collection? If yes, specify which clinical signs.

**Sample**     Blood    Lymph node    Bone Marrow    Synovial fluid    genomic DNA

### Applicant's details

Name

Laboratory

e-mail  Phone num.

### Requested analysis

Genomic drug resistance analysis: **allopurinol, meglumine antimoniate, and miltefosine**

### Sample requirements

LeishGenR requirements depend on the type of sample. We would appreciate it if you could send us the corresponding specifications depending on the sample type(s).

Lymph node aspirate	1 mL LN aspirate
Bone marrow aspirate	0.5-1 mL EDTA
Skin biopsy/joint	Swab
Peripheral blood	0.5mL - 1 mL blood EDTA
Genomic DNA	80 µL genomic DNA with <b>high parasitemia</b>