



Division of Laboratory Services  
 630 Hart Lane  
 Nashville, TN 37216  
 615-262-6300

<https://www.tn.gov/health/health-program-areas/lab.html>

**Disease/Agent Suspected or Test Requested:**

**Arboviral Panel (West Nile, Eastern Equine Encephalitis, Western Equine Encephalitis, St Louis Encephalitis, LaCrosse)**

<b>Provider Requirements</b>	
<b>Acceptable Specimen Sources/Type(s) for Submission</b>	<b>Paired serum samples</b> <ul style="list-style-type: none"> <li>• Acute and</li> <li>• Convalescent (14 days)</li> </ul>
<b>TDH Requisition Form Number</b>	PH-4182
<b>Media Requirements</b>	<ul style="list-style-type: none"> <li>• Red-stoppered vacuum tube (whole blood)</li> <li>• Sterile, plastic screw capped vial (serum)</li> </ul>
<b>Special Instructions</b>	<b>PTBMIS Order Code:</b> ARBOVRS (Arbovirus Panel) <b>StarLIMS Order Code:</b> 5021 (Arbovirus Panel)
<b>Shipping Instructions</b>	Ship Cold on cold packs
<b>Laboratory Section Performing Testing</b>	Knoxville Regional Laboratory
<b>Lab Location(s) Performing Test</b>	Knoxville

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).