



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:

Bacillus anthracis

Provider Requirements	<ul style="list-style-type: none"> • Isolate Submission REQUIRED. • <u>Contact Bioterrorism laboratory before submission.</u>
Acceptable Specimen Sources/Type(s) for Submission	<ul style="list-style-type: none"> • Culture isolate • Lesion • Sputum • Tissue aspirate fluid • Blood culture
TDH Requisition Form Number	PH-4263 - <i>Contact Bioterrorism laboratory before submission</i>
Media Requirements	Contact Bioterrorism laboratory before submission.
Special Instructions	
Shipping Instructions	Contact Bioterrorism laboratory prior to shipment
Laboratory Section Performing Testing	Bioterrorism
Lab Location(s) Performing Test	Nashville; 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).