



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:

Blood Parasite Identification

Provider Requirements	Isolate submission REQUIRED for <i>Plasmodium</i> species
Acceptable Specimen Sources/Type(s) for Submission	Whole blood
TDH Requisition Form Number	PH-4182
Media Requirements	<ul style="list-style-type: none"> • Giemsa Stained Thick and Thin smear And • EDTA blood tube
Special Instructions	Place slides in plastic or cardboard slide holder before packing for shipping
Shipping Instructions	Ship Room Temperature/Ambient
Laboratory Section Performing Testing	Parasitology
Lab Location(s) Performing Test	Nashville

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