



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:

Candidiasis (*Candida auris*)

Provider Requirements	Isolate submission REQUIRED (includes rule-out)
Acceptable Specimen Sources/Type(s) for Submission	Culture Isolate
TDH Requisition Form Number	PH-4182
Media Requirements	Sabouraud's agar (screw-capped tube) or other appropriate media
Special Instructions	
Shipping Instructions	Ship Room Temperature/Ambient
Laboratory Section Performing Testing	Mycology
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).