



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:**

***Clostridioides difficile*** (*Clostridium difficile*)

<b>Provider Requirements</b>	<b>Isolate submission REQUESTED</b>
<b>Acceptable Specimen Sources/Type(s) for Submission</b>	
<b>TDH Requisition Form Number</b>	PH-4182
<b>Media Requirements</b>	Anaerobic transport system.
<b>Special Instructions</b>	
<b>Shipping Instructions</b>	<b>DO NOT SEND ON COLD PACKS OR DRY ICE</b>
<b>Laboratory Section Performing Testing</b>	Bacteriology
<b>Lab Location(s) Performing Test</b>	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).