



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:**

**Corynebacterium ulcerans**

<b>Provider Requirements</b>	<b>Isolate submission REQUIRED</b>
<b>Acceptable Specimen Sources/Type(s) for Submission</b>	Culture isolate from clinical specimen or histopathology
<b>TDH Requisition Form Number</b>	PH-4182
<b>Media Requirements</b>	Pai or Loeffler's media or sterile container. If culture, use Pai or Loeffler's media or other appropriate media
<b>Special Instructions</b>	
<b>Shipping Instructions</b>	Ship Room Temperature/Ambient
<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).