



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

Provider Requirements	Isolate submission REQUIRED for confirmed, suspected, and “rule-out” <i>Candida auris</i> (<i>C. auris</i>) isolates (any specimen source)
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	<ul style="list-style-type: none"> • <i>Candida</i> species other than <i>C. albicans</i> from any specimen source, especially invasive sites • Yeast isolates from any specimen source when unable to identify species after identification was attempted
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).