



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:

Clostridium botulinum

Provider Requirements	<ul style="list-style-type: none"> • Isolate submission REQUIRED. • Contact CEDEP prior to submission
Acceptable Specimen Sources/Type(s) for Submission	<ul style="list-style-type: none"> • Serum • Stool • Food • Wound culture • Culture isolate
TDH Requisition Form Number	PH-4263
Media Requirements	Anaerobic transport system.
Special Instructions	
Shipping Instructions	DO NOT SEND ON COLD PACKS OR DRY ICE
Laboratory Section Performing Testing	Bioterrorism
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).