



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***

<b>Provider Requirements</b>	<ul style="list-style-type: none"> <li>• Isolate submission <b>REQUIRED</b>.</li> <li>• Contact <a href="#">CEDEP</a> prior to submission</li> </ul>
<b>Acceptable Specimen Sources/Type(s) for Submission</b>	<ul style="list-style-type: none"> <li>• Serum</li> <li>• Stool</li> <li>• Food</li> <li>• Wound culture</li> <li>• Culture isolate</li> </ul>
<b>TDH Requisition Form Number</b>	PH-4263
<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>	Bioterrorism
<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).