



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 diphtheriae

Provider Requirements	Isolate submission REQUIRED
Acceptable Specimen Sources/Type(s) for Submission	<ul style="list-style-type: none"> • Throat or skin lesion swab. • Culture isolate.
TDH Requisition Form Number	PH-4182
Media Requirements	Pai or Loeffler's media or sterile container. If culture, use Pai or Loeffler's media or other appropriate media such as Amies or Stuart's Transport Media
Special Instructions	
Shipping Instructions	Overnight shipping with ice packs.
Laboratory Section Performing Testing	Bacteriology
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).