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:

Cyclospora

Provider Requirements	
Acceptable Specimen Sources/Type(s) for Submission	Stool
TDH Requisition Form Number	PH-4182
Media Requirements	Intestinal parasite (IP) Total Fix bottle (black cap)
Special Instructions	
Shipping Instructions	Ship Room Temperature/Ambient
Laboratory Section Performing Testing	Parasitology
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).