



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:**

**Ebola Virus**

<b>Provider Requirements</b>	<ul style="list-style-type: none"> <li>• <b>PRIOR CONSULTATION REQUIRED.</b></li> <li>• Requested through consultation with epidemiology only.</li> </ul>
<b>Acceptable Specimen Sources/Type(s) for Submission</b>	Whole blood
<b>TDH Requisition Form Number</b>	<ul style="list-style-type: none"> <li>• Contact <a href="#">CEDEP</a> prior to submission.</li> <li>• Contact Bioterrorism laboratory before submission.</li> </ul>
<b>Media Requirements</b>	<b>Viral PCR – Whole Blood, serum, plasma, or urine (urine should not be sole specimen tested)</b>
<b>Special Instructions</b>	Ship Cold on Cold Packs
<b>Shipping Instructions</b>	<ul style="list-style-type: none"> <li>• <b>REQUIRES CDC CONSULTATION</b></li> <li>• Ship as <b>CATEGORY A</b> infectious substance on cold packs.</li> </ul>
<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).