



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:

Influenza virus PCR

Provider Requirements	Sentinel provider network and EIP providers only.
Acceptable Specimen Sources/Type(s) for Submission	<ul style="list-style-type: none"> • Nasopharyngeal (NPS) • Nasal (NS) • Throat (TS) • Nasal aspirate (NA) • Nasal wash (NW) • DPS/TS bronchial alveolar lavage (BAL) • Bronchial wash (BW) • Tracheal aspirate (TA) • Sputum • Lung tissue
TDH Requisition Form Number	PH - 4149 – Contact CEDEP
Media Requirements	Viral Transport Media. Refrigerate after collection
Special Instructions	PTBMIS Order Code: INFLU (Antibody/INFLU) StarLIMS Order Code: 5017
Shipping Instructions	<ul style="list-style-type: none"> • Ship COLD on cold packs • Ship on dry ice <i>if already frozen</i>
Laboratory Section Performing Testing	Virology
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).