



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, Novel or pandemic
Influenza A strain, H5 or H7 from Human

Provider Requirements	<ul style="list-style-type: none"> • NOTIFY CEDEP. • Isolate submission REQUIRED-Sentinel provider network and EIP providers, or as authorized through CEDEP only. 		
Acceptable Specimen Sources/Type(s) for Submission	<table border="0"> <tr> <td> <ul style="list-style-type: none"> • Nasopharyngeal (NPS) • Nasal (NS) • Throat (TS) • Nasal aspirate (NA) • Nasal wash (NW) </td> <td> <ul style="list-style-type: none"> • DPS/TS bronchial alveolar lavage (BAL) • Bronchial wash (BW) • Tracheal aspirate (TA) • Sputum • Lung tissue </td> </tr> </table>	<ul style="list-style-type: none"> • Nasopharyngeal (NPS) • Nasal (NS) • Throat (TS) • Nasal aspirate (NA) • Nasal wash (NW) 	<ul style="list-style-type: none"> • DPS/TS bronchial alveolar lavage (BAL) • Bronchial wash (BW) • Tracheal aspirate (TA) • Sputum • Lung tissue
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TDH Requisition Form Number	PH - 4149 – Contact CEDEP		
Media Requirements	Viral Transport Media. Refrigerate after collection.		
Special Instructions			
Shipping Instructions	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).