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:

***Haemophilus ducreyi* (chancroid)**

Provider Requirements	• Inform the TDH Lab of clinical suspicion of chancroid for appropriate preparation
Acceptable Specimen Sources/Type(s) for Submission	• Ulcer material from margins of genital lesions • Lymph node aspirates, pus, aspirates from buboes.
TDH Requisition Form Number	**PH-4182**
Media Requirements	• Isolates for confirmation, submit heavy growth in Amies transport
Special Instructions	• Cleanse the area by flushing with sterile physiological saline. • Collect material from the base of the ulcer with a swab. • Place in transport such as Amies or Amies with charcoal. • Within 4 hours of collection, submit specimen refrigerated in transport.
Shipping Instructions	Ship in Amies or Amies with charcoal transport refrigerated within 2h – 4h of collection
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).