



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:**

**Hemolytic Uremic Syndrome (HUS)**

<b>Provider Requirements</b>	<ul style="list-style-type: none"> <li>• Requested through consultation with epidemiology only.</li> <li>• Contact <a href="#">CEDEP</a> prior to submission.</li> </ul>
<b>Acceptable Specimen Sources/Type(s) for Submission</b>	<ul style="list-style-type: none"> <li>• Serum</li> <li>• Plasma</li> </ul>
<b>TDH Requisition Form Number</b>	PH-4182 and CDC Form 50.34
<b>Media Requirements</b>	Sterile, plastic screw capped vial
<b>Special Instructions</b>	<ul style="list-style-type: none"> <li>• Include date of collection, date of onset, and clinical diagnosis.</li> <li>• Indicate if patient has HUS and onset date.</li> <li>• Indicate if patient has undergone plasmaphoresis and date.</li> </ul>
<b>Shipping Instructions</b>	
<b>Laboratory Section Performing Testing</b>	Serology
<b>Lab Location(s) Performing Test</b>	

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).