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 influenza

Provider Requirements	**Isolate submission REQUIRED**
Acceptable Specimen Sources/Type(s) for Submission	Culture isolate from sterile sites
TDH Requisition Form Number	PH-4182
Media Requirements	Chocolate slant
Special Instructions	
Shipping Instructions	Ship Room Temperature/Ambient
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).