



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:

Hepatitis B virus

Provider Requirements	
Acceptable Specimen Sources/Type(s) for Submission	<ul style="list-style-type: none"> • Whole, clotted blood • Serum
TDH Requisition Form Number	PH-4182
Media Requirements	<ul style="list-style-type: none"> • Red-stoppered vacuum tube (whole blood) • Sterile, plastic screw capped vial (serum)
Special Instructions	<p>PTBMIS Order Code: HEPB (Hepatitis B Pan) StarLIMS Order Code: 5049 (Hepatitis B Panel)</p> <ul style="list-style-type: none"> • Specimens may be stored for up to 3 days at room temperature (20 to 23°C) or up to 7 days at 2-8°C. • If testing will be delayed more than 3 days for specimens stored at room temperature or more than 7 days for specimens stored at 2-8°C, aliquot serum or plasma and store at -20°C or colder.
Shipping Instructions	<ul style="list-style-type: none"> • Ship Room Temperature/ambient • If specimen has been refrigerated, ship on cold packs. If specimen is frozen, ship on dry ice.
Laboratory Section Performing Testing	Serology
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).