



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:

Legionnaires diseases (*Legionella*)

Provider Requirements	Isolate Submission REQUIRED
Acceptable Specimen Sources/Type(s) for Submission	<ul style="list-style-type: none"> • Culture isolate • Respiratory secretions • Lung tissues • Pleural fluid • Normally sterile fluids
TDH Requisition Form Number	PH-4182
Media Requirements	<ul style="list-style-type: none"> • Culture isolates: BCYE (Buffered Charcoal Yeast Extract) or equivalent. • Other types of media in sterile, screw-capped container
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).