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:

***Mycobacterium* (Isolation from sputum)**

Provider Requirements	• **REQUESTED through consultation with epidemiology only.** • **Contact CEDEP prior to submission.**
Acceptable Specimen Sources/Type(s) for Submission	• Sputum • Bronchial washings • Gastric lavage • Tissue • Urine • Feces- *Feces is accepted from immunocompromised patients* • Blood
TDH Requisition Form Number	**PH-4182**
Media Requirements	50 ml conical sputum tube
Special Instructions	
Shipping Instructions	Ship Room Temperature/Ambient
Laboratory Section Performing Testing	Mycobacteriology
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).