Disease/Agent Suspected or Test Requested:

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<th><strong>Orthopox</strong></th>
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**Provider Requirements**
- Specimen Submission REQUIRED
- PRIOR CONSULTATION WITH EPIDEMIOLOGY REQUIRED
- Contact CEDEP prior to submission

**Acceptable Specimen Sources/Type(s) for Submission**
- Fresh Biopsy or vesicle/lesion components
- Touch Prep (slide of lesion)

**TDH Requisition Form Number**
PH-4263

**Media Requirements**
See acceptable specimen/source types

**Special Instructions**

**Shipping Instructions**
Contact Bioterrorism lab prior to shipment.

**Laboratory Section Performing Testing**
Bioterrorism

**Lab Location(s) Performing Test**
Nashville, Knoxville