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:

Orthopox

Provider Requirements	• **PRIOR CONSULTATION REQUIRED** • **REQUESTED through consultation with epidemiology only.** • **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

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).