



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:

Rickettsia

Provider Requirements	<ul style="list-style-type: none"> • PRIOR CONSULTATION REQUIRED <ul style="list-style-type: none"> ○ Requested through consultation with epidemiology VBD.Health@tn.gov or 615-262-6356. ○ Specimens received without documentation of consultation will not be tested.
Acceptable Specimen Sources/Type(s) for Submission	Venous whole blood preserved with EDTA or acid citrate dextrose Solution A (ACD-A)
TDH Requisition Form Number	PH-4182 Include any travel history (domestic or international) to areas where RMSF is endemic
Media Requirements	<ul style="list-style-type: none"> • EDTA or ACD-A preserved whole blood • Minimum volume of 1 ml
Special Instructions	Submit specimens prior to treatment within 14 days of illness onset or within 48 hours of initial treatment.
Shipping Instructions	Ship within 48 hrs of collection on cold pack or refrigerated.
Laboratory Section Performing Testing	Special Microbiology-Parasitology
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).