



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:

Measles Serology

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| Provider Requirements | <ul style="list-style-type: none"> • PRIOR CONSULTATION REQUIRED • Requested through consultation with epidemiology only. • Contact CEDEP prior to submission. |
| Acceptable Specimen Sources/Type(s) for Submission | <ul style="list-style-type: none"> • Whole, clotted blood • Serum |
| TDH Requisition Form Number | PH-4182 |
| Media Requirements | <ul style="list-style-type: none"> • Red-stoppered vacuum tube (whole blood) • Sterile, plastic screw capped vial (serum) |
| Special Instructions | |
| Shipping Instructions | <ul style="list-style-type: none"> • Ship on cold packs if within 48hrs of collection. • Ship frozen on dry ice if >48hrs from collection |
| Laboratory Section Performing Testing | Serology |
| 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).