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:

***Salmonella* (Typhoid Fever)**

Provider Requirements	**Isolate or specimen submission REQUIRED**
Acceptable Specimen Sources/Type(s) for Submission	• Stool • Culture isolate
TDH Requisition Form Number	**PH-4182**

Media Requirements	• Stools:
	  ○ C & S Culture Transport Media (orange cap)
	• Isolates:
	  ○ Broth
	  ○ Non-selective media slant: TSA, Chocolate, Blood

Special Instructions	
Shipping Instructions	Ship Room Temperature/Ambient
Laboratory Section Performing Testing	Enterics
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).