



Division of Laboratory Services
 630 Hart Lane
 Nashville, TN 37216
 615-262-6300

<https://www.tn.gov/health/health-program-areas/lab.html>
<https://www.tn.gov/health/topic/lab>

Disease/Agent Suspected or Test Requested:

Viral Hemorrhagic Fever (Marburg, Crimean-Congo, Lassa, Lujo, New World Arenaviruses)

Provider Requirements	<ul style="list-style-type: none"> • Contact CEDEP prior to submission. • PRIOR CONSULTATION REQUIRED -Requested through consultation with epidemiology only. • REQUIRES CDC CONSULTATION.
Acceptable Specimen Sources/Type(s) for Submission	<ul style="list-style-type: none"> • <u>Viral ID</u> – Frozen Tissue, Blood, Serum – ship frozen • <u>Serology</u> – Blood, serum –ship cold or frozen • <u>Immunohistochemistry</u> – Formalin-fixed or paraffin embedded tissues of lung, kidney, liver, spleen – ship room temp
TDH Requisition Form Number	Contact CEDEP
Media Requirements	
Special Instructions	REQUIRES CDC CONSULTATION.
Shipping Instructions	
Laboratory Section Performing Testing	
Lab Location(s) Performing Test	

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