



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:

***Staphylococcus aureus, VRSA/VISA*
(non-sensitive/intermediate/complete resistance to vancomycin)**

Provider Requirements	Isolate submission REQUIRED
Acceptable Specimen Sources/Type(s) for Submission	Isolates from documented outbreaks
TDH Requisition Form Number	PH-4182
Media Requirements	Non-selective media slant: TSA, Chocolate, Blood
Special Instructions	
Shipping Instructions	Ship Room Temperature/Ambient
Laboratory Section Performing Testing	Bacteriology
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).