



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:

Cholera (*Vibrio cholera*)

Provider Requirements	Isolate or specimen submission REQUIRED
Acceptable Specimen Sources/Type(s) for Submission	<ul style="list-style-type: none"> • Stool • Culture isolate
TDH Requisition Form Number	PH-4182
Media Requirements	<ul style="list-style-type: none"> • Stools: <ul style="list-style-type: none"> • C & S Culture Transport Media (orange cap) • Isolates: <ul style="list-style-type: none"> • Broth • Non-selective media slant: TSA, Chocolate, Blood
Special Instructions	DO NOT REFRIGERATE
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).