



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:

Candida auris colonization screening

Provider Requirements	PRIOR CONSULTATION REQUIRED: Requested through consultation with state epidemiologists or ARLN program coordinators.
Acceptable Specimen Sources/Type(s) for Submission	E-Swab from axilla/groin
TDH Requisition Form Number	Lab Web Portal, PH-4182 or provided excel sheet.
Media Requirements	E-swab with amies media
Special Instructions	Swab stability 4 days from date of collection
Shipping Instructions	Ship Room Temperature/Ambient. If temperatures are expected to exceed 25°C utilize a small ice pack.
Laboratory Section Performing Testing	ARLN Core
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).