



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:

Carbapenem producing organism colonization screening

Provider Requirements	PRIOR CONSULTATION REQUIRED: Requested through consultation with state epidemiologists or ARLN program coordinators.
Acceptable Specimen Sources/Type(s) for Submission	Dual Copan® swab from rectum.
TDH Requisition Form Number	Lab web portal, PH-4182 or provided excel sheet.
Media Requirements	Copan® swab
Special Instructions	Swabs must be received within five days from date of collection.
Shipping Instructions	Ship Room Temperature/Ambient. If temperatures are expected to exceed 28°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).