Disease/Agent Suspected or Test Requested:

*Escherichia coli*, Shiga toxin (STEC) producing

| Provider Requirements | • Isolate or specimen submission REQUIRED.  
• Contact [CEDEP](https://www.tn.gov/health/health-program-areas/lab.html) if foodborne outbreak is suspected. |
|-----------------------|--------------------------------------------------------------------------------------------------|
| Acceptable Specimen Sources/Type(s) for Submission | • Stool  
• Culture Isolate |
| TDH Requisition Form Number | PH-4182 |
| Media Requirements | • Stool:  
  o C & S Culture Transport Media (example: ParaPak)  
  o Swabs in Cary Blair  
• Isolates:  
  o Broth  
  o Non-selective media slant or plate (TSA, Blood) |
| Special Instructions | • C & S Culture Transport Media:  
  o CIDT specimens should be forwarded to arrive at the laboratory within 4 days of specimen collection  
  • Isolates should be submitted within 2 weeks of isolation. |
| Shipping Instructions | Ship Room Temperature / Ambient |
| Laboratory Section Performing Testing | Enterics |
| Lab Location(s) Performing Test | Nashville |