



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:

Ebola Virus (Zaire)

Provider Requirements	<ul style="list-style-type: none"> • PRIOR CONSULTATION REQUIRED. • Requested through consultation with epidemiology only.
Acceptable Specimen Sources/Type(s) for Submission	Whole blood
TDH Requisition Form Number	<ul style="list-style-type: none"> • Contact CEDEP prior to submission. • Contact Bioterrorism laboratory before submission.
Media Requirements	Viral PCR – Whole Blood, serum, plasma, or urine (urine should not be sole specimen tested)
Special Instructions	Ship Cold on Cold Packs
Shipping Instructions	<ul style="list-style-type: none"> • REQUIRES CDC CONSULTATION • Ship as CATEGORY A infectious substance on cold packs.
Laboratory Section Performing Testing	Bioterrorism
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).