



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:

***Haemophilus ducreyi* (chancroid)**

Provider Requirements	Prior notification to TN Department of Health Laboratory Services (General Bacteriology 615-837-5508) required before submission.
Acceptable Specimen Sources/Type(s) for Submission	Ulcer material from margins of genital lesions, lymph node aspirates, pus, aspirates from buboes.
TDH Requisition Form Number	PH-4182
Media Requirements	Amies or Amies with charcoal transport.
Special Instructions	<ul style="list-style-type: none"> • Cleanse the area by flushing with sterile physiological saline. • Collect material from the base of the ulcer with a swab. • Place in transport such as Amies or Amies with charcoal. • Refrigerate and transport specimen within 4 hours of collection.
Shipping Instructions	Ship cold (with ice packs) overnight within 4 hours of collection.
Laboratory Section Performing Testing	Bacteriology
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).