



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 influenzae* (identification and typing)**

<b>Provider Requirements</b>	<b>Isolate submission is REQUIRED for laboratories.</b>
<b>Acceptable Specimen Sources/Type(s) for Submission</b>	Pure culture isolate from normally sterile sites and/or clinical specimens such as CSF, whole blood, and serum.
<b>TDH Requisition Form Number</b>	PH-4182
<b>Media Requirements</b>	<b>Isolates:</b> Chocolate agar slant. <b>Clinical specimen:</b> Sterile screw-cap container
<b>Special Instructions</b>	None
<b>Shipping Instructions</b>	<b>Isolates:</b> Ship isolates in ambient temperature. Do not send isolates refrigerated or frozen. <b>Clinical specimens:</b> Ship overnight frozen (dry ice).
<b>Laboratory Section Performing Testing</b>	Bacteriology
<b>Lab Location(s) Performing Test</b>	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).