



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:**

**Measles virus, PCR**

<b>Provider Requirements</b>	<ul style="list-style-type: none"> <li>• Isolate Submission <b>REQUIRED</b></li> <li>• <b>PRIOR CONSULTATION REQUIRED</b> <ul style="list-style-type: none"> <li>• Requested through consultation with epidemiology only.</li> <li>• Contact <a href="#">CEDEP</a> prior to submission.</li> <li>• Specimens received without documented consultation will not be tested.</li> </ul> </li> </ul>
<b>Acceptable Specimen Sources/Type(s) for Submission</b>	<ul style="list-style-type: none"> <li>• Throat swab</li> <li>• Nasopharyngeal swab</li> </ul>
<b>TDH Requisition Form Number</b>	<b>PH-4182</b>
<b>Media Requirements</b>	Viral Transport Media
<b>Special Instructions</b>	
<b>Shipping Instructions</b>	<ul style="list-style-type: none"> <li>• Ship <b>COLD</b> on cold packs</li> <li>• Ship on dry ice <i>if already frozen</i></li> </ul>
<b>Laboratory Section Performing Test</b>	Molecular Biology
<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).