Disease/Agent Suspected or Test Requested:

**Measles virus, PCR**

| Provider Requirements | • Isolate Submission REQUIRED  
|                       | • **PRIOR CONSULTATION REQUIRED**  
|                       |   • Requested through consultation with epidemiology only.  
|                       |   • Contact CEDEP prior to submission.  
|                       |   • Specimens received without documented consultation will not be tested.  
| Acceptable Specimen Sources/Type(s) for Submission | • Throat swab  
|                                                         | • Nasopharyngeal swab  
| TDH Requisition Form Number | PH-4182  
| Media Requirements | Viral Transport Media  
| Special Instructions |  
| Shipping Instructions | • Ship **COLD** on cold packs  
|                                                         | • Ship on dry ice *if already frozen*  
| Laboratory Section Performing Testing | Molecular Biology  
| Lab Location(s) Performing Test | Nashville  