



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:

Mycobacterium tuberculosis complex

Provider Requirements	Isolate submission REQUIRED
Acceptable Specimen Sources/Type(s) for Submission	Culture isolate (<i>M. tuberculosis</i> , <i>M. bovis</i> , <i>M. africanum</i> , <i>M. canettii</i> , <i>M. microti</i>)
TDH Requisition Form Number	PH-4182
Media Requirements	Lowenstein-Jensen media (screw-capped tube) or other appropriate media.
Special Instructions	Refer to Detailed Laboratory Guidance for specific submission criteria
Shipping Instructions	Ship Room Temperature/Ambient
Laboratory Section Performing Testing	Mycobacteriology
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).