



Division of Laboratory Services
 630 Hart Lane
 Nashville, TN 37216
 615-262-6300
<https://www.tn.gov/health/topic/lab>

Disease/Agent Suspected or Test Requested:

***Neisseria meningitidis* (identification and grouping)**

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