



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:

RPR (Rapid Plasma Reagin)—Syphilis

Provider Requirements	
Acceptable Specimen Sources/Type(s) for Submission	<ul style="list-style-type: none"> • Serum
TDH Requisition Form Number	PH-4182
Media Requirements	<ul style="list-style-type: none"> • Serum Red Top or Serum Separature Tube (SST) • Sterile, plastic screw capped vial (serum)
Special Instructions	<p>PTBMIS Order Code: 86592 RPR (Syphilis Test) StarLIMS Order Code: 3302 (Syphilis Panel)</p> <ul style="list-style-type: none"> • Specimens may be stored for up to 7 days at 2-8°C. • If testing will be delayed more than 7 days for specimens stored at 2-8°C, aliquot serum, and store frozen at -20°C or colder.
Shipping Instructions	<p>Specimens should be shipped to the Laboratory the same day they are collected.</p> <ul style="list-style-type: none"> • Ship specimens on cold packs. If specimen has been frozen, ship on dry ice.
Laboratory Section Performing Testing	Serology
Lab Location(s) Performing Test	Nashville; Knoxville

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).