



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:

***Staphylococcus aureus*, VISA/VRSA
(non-sensitive/intermediate/complete resistance to vancomycin)**

Provider Requirements	Isolate submission is REQUIRED for laboratories.
Acceptable Specimen Sources/Type(s) for Submission	Pure culture isolates.
TDH Requisition Form Number	PH-4182
Media Requirements	Non-selective media slants such as Trypticase Soy, Blood, or Chocolate agar.
Special Instructions	None
Shipping Instructions	Ship in ambient temperature. Do not send refrigerated or frozen.
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).