

Important Note: All specimens sent to the State Public Health Lab for measles testing **MUST** be approved by TDH prior to submission. To obtain approval, call your local health department or 615-741-7247.

What to collect

- Measles PCR
 - Throat or NP swab
 - Synthetic swab collection
 - Stored in Viral Transport Medium (VTM)
 - Each tube must be labeled with **TWO patient identifiers**
- Measles IgM
 - Whole blood
 - Red top tube
 - At least 2 mL preferred

Storage and Submission

- Specimen should be stored at **2-8°C**
- Ship on cold packs within **48 hours** of collection
- Please consult with TDH if sending **>48 hours** after collection
- A PH-4182 form will need to be submitted with each specimen
 - Under “**Test Requested**” check “**Other Miscellaneous**” and write in “**Measles PCR testing**” for swab or “**Measles-IgM**” for blood. (See Page 2 or click [here](#))

Shipping Information

- Specimens should be sent **overnight** between **Monday-Thursday**
- If a facility is a birthing hospital and has a Newborn Screening Courier Service, the specimens may be sent with the daily pickup
- Shipping address for items sent by UPS, FedEx, and carriers other than USPS:

Tennessee Department of Health
Laboratory Services
630 Hart Lane
Nashville, TN 37216-2006



Tennessee Department of Health
Division of Laboratory Services
Clinical Submission Requisition

**Place State Lab Accession
Label Here**
(TDH use only)

***Indicates Required Fields**

Final test reports cannot be issued if required information is missing

SPECIMEN COLLECTION INFORMATION

*Last Name:		*First Name:		MI:
*DOB:	*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown			Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (_____)				
Address:			Phone Number:	
City:	*State:	Zip Code:	Outbreak Number:	
*Date of Collection:		*Specimen Type & Source:		*County of Residence:

Unlabeled or mislabeled specimens cannot be tested; two distinct identifiers required on each container that match information on the requisition.

SUBMITTER INFORMATION

*Submitting Facility:	Patient Medical Record Number:	
Address:	Phone Number:	Fax Number:
City:	State:	Zip Code:
*Ordering Provider:	Phone Number:	Fax Number:
Sample Collection Facility:	Patient Medical Record Number:	
Address:	Phone Number:	Fax Number:
City:	State:	Zip Code:
Point of Contact:	Phone Number:	Fax Number:

***TEST REQUESTED**

Culture

- Actinomycete (Aerobic)
- Aerobe
- Anaerobe
- Enteric
- Neisseria gonorrhoeae
- Legionella pneumophila
- Mycobacteria Smear & Culture
- Mycobacteria Reference Isolate
- Mycology

Serology

- Arbovirus Panel
- HBV Screen**
- HCV Screen
- HIV Screen
- Measles**
- Syphilis

Molecular

- Chlamydia trachomatis/Neisseria gonorrhoeae
- GI Panel
- Herpes Simplex Virus
- Legionella PCR
- Measles PCR**
- Mumps PCR**
- Norovirus PCR
- Plasmodium PCR
- Rickettsia PCR

ARLN

- Aspergillus fumigatus AST
- Candida species Confirmation
- CRE/CRPA/CRAB Confirmation

Parasitology

- Blood Parasites
- Ova & Parasites
- Cryptosporidium

Other Testing (Please specify) _____

** Requires prior approval from CEDEP

ADDITIONAL INFORMATION

Is this an isolate/specimen being submitted in response to the TDH Reportable Diseases and Events Guidelines? No Yes

Is this an isolate/specimen being submitted as part of a surveillance program? No Yes If yes, program name: _____

Please provide the following information regarding isolates/specimens submitted:
Gram Stain Reaction: _____ Other lab tests performed and results: _____
Automated ID if applicable: _____ Suspected Organism: _____

LABORATORY FACILITIES

Nashville Central Laboratory: P.O. Box 305130, Nashville, TN 37230 (USPS) OR 630 Hart Lane, Nashville, TN 37216 (FedEx, UPS, courier delivery) Main Line: (615) 262-6300 Kara Levinson, PhD, MPH, D(ABMM), Director	Knoxville Regional Laboratory: 2101 Medical Center Way, Knoxville, TN 37920 Main Line: (865) 549-5201 Kara Levinson, PhD, MPH, D(ABMM), Interim Director
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