



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:

Measles Serology

Provider Requirements	<ul style="list-style-type: none"> • Isolate Submission REQUIRED • PRIOR CONSULTATION REQUIRED <ul style="list-style-type: none"> • Requested through consultation with epidemiology only. • Contact CEDEP prior to submission. • Specimens received without documented consultation will not be tested.
Acceptable Specimen Sources/Type(s) for Submission	<ul style="list-style-type: none"> • Whole, clotted blood • Serum
TDH Requisition Form Number	PH-4182
Media Requirements	<ul style="list-style-type: none"> • Red-stoppered vacuum tube (whole blood) • Sterile, plastic screw capped vial (serum)
Special Instructions	
Shipping Instructions	<ul style="list-style-type: none"> • Ship on cold packs if within 48hrs of collection. • Ship frozen on dry ice if >48hrs from collection
Laboratory Section Performing Testing	Serology
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).