



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:

Acid-Fast Bacilli (AFB)— Mycobacterium

Provider Requirements	<ul style="list-style-type: none"> Isolate submission REQUIRED for <i>M. tuberculosis</i> complex (<i>M. tuberculosis</i>, <i>M. bovis</i>, <i>M. africanum</i>, <i>M. canettii</i>, <i>M. microti</i>) OR Isolate submission REQUESTED for extra-pulmonary sample
Acceptable Specimen Sources/Type(s) for Submission	Culture Isolate
TDH Requisition Form Number	PH-4182
Media Requirements	Lowenstein-Jensen media (screw-capped tube) or other appropriate media
Special Instructions	
Shipping Instructions	Ship Room Temperature/Ambient
Laboratory Section Performing Testing	Mycobacteriology
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).