

Submitting Specimens for Measles Immunity Testing For Exposed Individuals



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.

Collection:

- Whole blood in Serum Separator Tube (SST) or
- Serum in a sterile, plastic, screw-capped vial
- At least 2 mL preferred
- Label each tube with **two patient identifiers**

Storage and Submission

- Store at **2-8°C**
- Ship on cold packs within **48 hours**
 - If unable to ship within two (2) days stored at 2 to 8°C, aliquot serum into a sterile, plastic, screw-capped vial and store at -20°C or colder
- A PH-4182 form will need to be completed for each specimen (see page 2 or click [here](#))
 - Under **Test Requested** check **Other Testing** and write in **Measles IgG Testing**
- There is no option for Measles IgG in PTBMIS; an electronic order should **not** be submitted
- Please send a line list of specimens being sent to the SPHL to Amanda Hartley at VPD.Imm@tn.gov.
- Send by courier to the Public Health Lab

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: ☐ Male ☐ Female ☐ Other ☐ Unknown			Ethnicity: ☐ Hispanic ☐ Non-Hispanic
Race: ☐ American Indian ☐ Asian ☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ 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