

Fax completed form to (410) 415-1951 or email to
CustomerService@CDLaboratories.com

ZimmerBiomet Rep: _____

Territory #: _____

ACCOUNT INFORMATION

Physician Name	Physician NPI#
Main Practice Name	Phone
Main Practice Address	Office Contact
	Contact Email

RESULT REPORTING *Note: Results can be sent to one (1) fax and/or multiple emails*

Fax	Email(s)
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Satellite Offices (if any)

Name	Address	Phone	Fax (for test results)

Test Kit Orders *Kits sent to Main Practice. For multiple locations, please note in email to Customer Service*

Synovasure[®] Synovial Fluid Test Kits *For use with Periprosthetic Joint Infection (PJI) and Native Septic Arthritis (NSA) testing*

Synovasure[®] Comprehensive Infection Kit (Clear and Lavender tubes) <i>Collection tubes are provided for the following tests:</i> <ul style="list-style-type: none"> Synovasure[®] Alpha Defensin for PJI and NSA Synovasure[®] Neutrophil Elastase Synovasure[®] Microbial Identification Culture WBC Count with Differential and RBC Count (high WBC counts confirmed manually) Crystal Analysis 	<input type="checkbox"/> 4 Kits <input type="checkbox"/> 10 Kits <input type="checkbox"/> Other _____
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Blood Test Kits

Whole Blood Kit for Cobalt and Nickel Metal Ion Testing Note: FDA recommended specimen type (http://www.fda.gov/MedicalDevices/)	<input type="checkbox"/> 4 Kits
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