






****PLEASE COMPLETE ALL REQUIRED FIELDS (*) ON THIS FORM. FAILURE TO DO SO WILL DELAY RESULT REPORTING****

CLINICAL LABORATORY ACCOUNT INFORMATION									
Institution*		Synovasure Account #							
Address		Primary Contact							
		Phone							
		Result Fax/Email							
Referring Physician*		NPI #							
PATIENT INFORMATION		SPECIMEN DETAIL							
Patient Name (Last, First MI)*		Collection Date*							
DOB*		Draw Site*	<table border="1"> <tr> <td><u>Knee</u></td> <td><u>Hip</u></td> <td><u>Other</u> _____</td> </tr> <tr> <td><input type="checkbox"/> Right <input type="checkbox"/> Left</td> <td><input type="checkbox"/> Right <input type="checkbox"/> Left</td> <td><input type="checkbox"/> Right <input type="checkbox"/> Left</td> </tr> </table>	<u>Knee</u>	<u>Hip</u>	<u>Other</u> _____	<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Right <input type="checkbox"/> Left
<u>Knee</u>	<u>Hip</u>	<u>Other</u> _____							
<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Right <input type="checkbox"/> Left							
Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female		Is the Patient Currently on Antibiotics? <input type="checkbox"/> Yes <input type="checkbox"/> No							
BILLING INFORMATION <i>Please select client OR patient bill*</i>									
Is the patient currently an inpatient?* <input type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> Client Bill Acct # _____		<input type="checkbox"/> Bill Patient Insurance Copies of insurance cards or claim information must be attached. NOTE: This option is not available for hospital inpatients							
		ICD-10 Code(s)							
		Patient Address:							
Test Selection <i>Select test(s) from either the Comprehensive Synovial Fluid Infection Panels Section <u>OR</u> the Individual Synovial Fluid Infection Panels Section*</i>									
COMPREHENSIVE SYNOVIAL FLUID INFECTION PANELS									
Note: Comprehensive Panels require 3 tubes of synovial fluid  - 3mL  - 3mL  - 1mL									
FOR TOTAL JOINT REPLACEMENTS <input type="checkbox"/> Comprehensive Periprosthetic Joint Infection Panel (PJI) (70000) <i>Includes: Sample Integrity Analysis, Synovasure® Alpha Defensin for PJI (alpha defensin, CRP, hemoglobin), Culture, WBC count w/ differential and RBC count, Synovasure® Neutrophil Elastase</i> <input type="checkbox"/> Add Synovasure® Microbial ID Panel (7895) <input type="checkbox"/> Add Crystal Analysis		FOR NATIVE JOINTS <input type="checkbox"/> Comprehensive Native Septic Arthritis Panel (NSA) (74001) <i>Includes: Sample Integrity Analysis, Synovasure® Alpha Defensin for PJI (alpha defensin, lactate, hemoglobin), Culture, WBC count w/ differential and RBC count, Synovasure® Neutrophil Elastase, Crystal Analysis, Synovasure® Microbial ID Panel</i>							
INDIVIDUAL SYNOVIAL FLUID INFECTION PANELS									
 SUBMIT IN CLEAR TOPPED (RED STOPPER) TUBES (BD366703)		 SUBMIT IN LAVENDAR TUBES (BD367856)							
<input type="checkbox"/> Synovasure® Alpha Defensin for PJI (0.5mL) (7000) <input type="checkbox"/> Synovasure® Alpha Defensin for NSA (0.5mL) (7450) <input type="checkbox"/> Culture (3.0mL) (70554) <input type="checkbox"/> Synovasure® Neutrophil Elastase (0.5mL) (7120)		<input type="checkbox"/> Synovasure® Microbial ID Panel (1.0mL) (7895) OR – Select Individual Pathogens: <input type="checkbox"/> <i>Staphylococcus species (7810)</i> <input type="checkbox"/> <i>Enterococcus species (7830)</i> <input type="checkbox"/> <i>Candida species + P. acnes (7890)</i>							
		<input type="checkbox"/> WBC Count w/ Differential and RBC Count (0.5mL) (8260) <input type="checkbox"/> Crystal Analysis; MSU; CPPD (0.5mL) (831)							

SYNOVASURE® COMPREHENSIVE INFECTION TESTING

Sample Integrity Testing

The accuracy of diagnostic tests such as synovial fluid white blood cell count, neutrophil percentage, and others, can be significantly impacted by the quality of the sample that is submitted for evaluation. As part of sample analysis, sample integrity tests are performed on synovial fluid samples. Physicians are notified when a suboptimal specimen has been submitted. Our sample integrity tests assess:

- **Absorbance at 280 nm (A280)** – Samples that fall outside the normal range for synovial fluid may be caused by dilution via saline lavage or use of contrast agents; performed with all Synovasure Alpha Defensin tests.
- **Red Blood Cell Count** – Samples are verified as characteristic of synovial fluid, not blood; performed with all cell count tests

For more information, please contact Customer Service for a copy of our Technical Bulletin on Sample Integrity.

INFECTION TEST MENU

Synovasure® Alpha Defensin for PJI	The Synovasure® Alpha Defensin test for PJI consists of assays for synovial fluid Alpha Defensin, CRP, and hemoglobin and has been validated for use as an adjunct for the diagnosis of periprosthetic joint infection.
Synovasure® Alpha Defensin for NSA	The Synovasure® Alpha Defensin test for NSA consists of assays for synovial fluid Alpha Defensin, lactate, and hemoglobin and has been validated for use as an adjunct for the diagnosis of native septic arthritis.
Synovasure® Microbial Identification Panel	Synovasure® MID is an assay intended for the early detection of microbial antigen in synovial fluid. The assay can detect microbial antigen in some samples where organism is present but was not able to be cultured. Current panel includes <i>Staphylococcus</i> species, <i>Candida</i> species, <i>Enterococcus</i> species, and <i>Propionibacterium acnes</i> (<i>P. acnes</i>).
Synovasure® Neutrophil Elastase	The Synovasure® Neutrophil Elastase (NE) LDT was designed to be a replacement for the Leukocyte Esterase (LE) test strip, which can serve as one of the criteria in the MSIS infection algorithm. The NE LDT is designed and validated specifically for synovial fluid, while the LE test strips designed for urine. The NE LDT is not prone to the high rate of invalid results due to blood contamination that have been reported with the LE test strip. A positive NE result should be interpreted as meeting the MSIS criteria of a positive LE test strip.
Synovial Fluid Culture	Anaerobic and aerobic culture bottles incubated for 7 days. Includes organism identification and antibiotic susceptibilities. Shoulder specimen cultures are supplemented to enhance growth and incubated for 14 days.
Synovial Fluid WBC Count with Differential and RBC Count	Automated high-performance cell count system with differential and RBC count. Elevated white blood cells (>3000 c/mm ³) are confirmed with a manual count.
Synovial Fluid Crystal Analysis	Monosodium urate (MSU) and Calcium pyrophosphate dihydrate (CPPD) crystal detection using polarized microscopy.

BLOOD TESTS for Metal Complications (Submit using Blood Kits ONLY)

Metal Ion	Measures concentrations of cobalt and nickel in whole blood
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Commonly Used ICD-10 Codes

- M17.9 Osteoarthritis of knee, unspecified
- M25.469 Effusion, Unspecified knee
- M25.559 Pain in unspecified hip
- M25.569 Pain in unspecified knee (M25.561 Right Knee Pain, M25.562 Left Knee Pain)
- T84.039A Mechanical loosening of unspecified internal prosthetic joint, initial encounter
- T84.039D Mechanical loosening of unspecified internal prosthetic joint, subsequent encounter
- T84.039S Mechanical loosening of unspecified internal prosthetic joint, sequential encounter
- T84.50XA Infection and inflammatory RX due to unspecified internal joint prosthesis, initial encounter
- T84.50XD Infection and inflammatory RX due to unspecified internal joint prosthesis, subsequent encounter
- T84.50XS Infection and inflammatory RX due to unspecified internal joint prosthesis, sequential encounter
- Z96.649 Presence of unspecified artificial hip joint (Z96.641 right artificial hip, Z96.642 left artificial hip)
- Z96.659 Presence of unspecified artificial knee joint (Z96.651 right artificial knee, Z96.652 left artificial knee)