

**This requisition is only used for prosthetic joint specimens collected in the OR**



**DIVISION OF LABORATORY MEDICINE**  
**Anna M. Moran M.D.**  
 Medical Director

Label Area

OR Location	OR Phone Number	Name of Collector (required by law)	Collector's Cell Phone Number
Date Collected (required by law)	Time of Collection (required by law)	Tests ordered were verified with the following Attending Physician (only complete if the collector is not the Attending Physician)	

Clinical details; include organism sought if known:

**Specimen collection information can be found on the reverse side of this requisition.**

Specimen Source (Required Information)				
Note: If submitting multiple specimens, complete a requisition for each one.				
<b>M I C R O B I O L O G Y</b>	<b>Type of joint:</b> <input type="checkbox"/> knee <input type="checkbox"/> hip <input type="checkbox"/> shoulder <input type="checkbox"/> wrist <input type="checkbox"/> ankle <input type="checkbox"/> elbow <input type="checkbox"/> left <input type="checkbox"/> right <b>Type of specimen:</b> <input type="checkbox"/> tissue <input type="checkbox"/> bone <input type="checkbox"/> swab <input type="checkbox"/> fluid <input type="checkbox"/> other; specify:			
	<b>Detailed description: Knee</b>	<b>Detailed description: Hip</b>	<b>Detailed description: Other</b>	
	<input type="checkbox"/> Synovial fluid <input type="checkbox"/> Synovium <input type="checkbox"/> Femur implant/ bone interface <input type="checkbox"/> Femur canal <input type="checkbox"/> Tibia poly/ tibia implant interface <input type="checkbox"/> Tibia implant/ bone interface <input type="checkbox"/> Tibia canal <input type="checkbox"/> Patella implant / bone interface <input type="checkbox"/> Other _____	<input type="checkbox"/> Synovial fluid <input type="checkbox"/> Synovium <input type="checkbox"/> Cup / shell interface <input type="checkbox"/> Shell / bone interface <input type="checkbox"/> Stem / bone interface <input type="checkbox"/> Peri-actebaular bone <input type="checkbox"/> Femur canal <input type="checkbox"/> Other _____		
	<b>If submitting multiple specimens:</b> This is specimen number <input type="text"/> of <input type="text"/> total specimens <b>Is this the best specimen?</b> <input type="checkbox"/> yes <input type="checkbox"/> no			
	<b>Tests Requested if the Best of Multiple Specimens or if Submitting a Single Specimen</b>		<b>Tests Requested if NOT the Best of Multiple Specimen</b>	
	<input type="checkbox"/> Comprehensive culture, includes the following: Routine (aerobic) and anaerobic cultures Gram stain Fungal culture Mycobacterial (AFB) culture and stain		<input type="checkbox"/> Routine (aerobic) and anaerobic cultures; includes Gram stain <b>Note:</b> AFB and fungal cultures are only performed after consultation with the HUP Microbiology Resident	
	Person completing this form Please <b>print name</b> legibly	Person sending the specimen if different from person completing this form Please <b>print name</b> legibly	If applicable, person hand-delivering the specimen to microbiology Please <b>print name</b> legibly	

FOR LAB USE  
ONLY  
AFFIX CERNER  
LABEL

## Specimen Collection and Submission for Prosthetic Joint Specimens

### Fluids for culture

Very small volume (less than 0.1 mL)

Collect with Eswab (suitable for all culture types). Higher volume fluids will have higher yield.

Small volume but enough to collect in a syringe (greater than 0.1 to 0.5 mL)

Collect with needle and small syringe (3-5 mL). Express air, remove needle and replace it with a luer plug (not a stopcock because it can open accidentally). Transport the syringe to the laboratory. Syringes sent with needles attached will not be accepted. Suitable for all culture types, but volume not optimal for high culture yield.

Greater than 0.5 mL (3 to 5 mL optimal)

Collect with needle and syringe. Express syringe contents into small sterile cup. Suitable for all culture types, including anaerobic culture for *P. acnes*.

### Fluids for cell count

Collect with needle and small syringe. Inject at least 1.5 mL (max 3 mL) into Lavender top collection tube, mix by inverting 8 times. If both culture and cell count are to be done from the same syringe, express material for culture into sterile cup **first**, then inject the remaining volume into the tube for cell count. **Reversing the order increases the chances of microbial contamination of the specimen.**

### Tissue for culture

Place as large a piece as is available into a sterile cup. If the tissue piece is very small, add a few drops of sterile, preservative-free, saline, to prevent desiccation during transport.

### Miscellaneous tissues/exudates only amenable to swab collection (swab specimens are not optimal for culture)

Collect using Eswab. Acceptable for all culture types.

**Note:** Eswab is the only acceptable swab for fungal stain and AFB culture.