

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

ACCOUNT INFORMATION		PATIENT INFORMATION
Synovasure Account Number*	Phone #*	Patient Name* (Last, First)
Ordering Physician* (Last, First)		
Zimmer Biomet Sales Representative (Last, First)		Date of Birth*
Physician NPI #*		Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female
Practice Name & Address*	Result Fax #*	Patient Address*
	Result Email (Optional)	
		Patient Phone #*
Has this provider submitted a specimen to CD Laboratories in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please ensure that the account information above is provided so provider can be enrolled.</i>		Hospital patient?* <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide facility information</i>

BILLING INFORMATION *Please include a copy of the front and back of the patient's insurance card(s)
For Worker's Compensation claims, please also provide claim number, date of injury, employer, and adjuster's contact details
NOTE: Obtain prior authorization from patient's insurance before submitting specimens. See reverse for test CPT codes.*




Primary Insurance Carrier	Insurance Carrier Phone #
ID#	Group #
Name of Insured	Relation to Patient: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____
Claim Address:	
Prior Authorization (PA)* #	PA Valid Date*
Secondary Insurance Carrier? <input type="checkbox"/> Yes (If yes, attach demographic sheet) <input type="checkbox"/> No	
By signing this form, I hereby authorize CD Laboratories to furnish my designated insurance carrier the information on this form if necessary for reimbursement. I also authorize benefits to be payable to CD Laboratories. I understand that I am responsible for any amounts not paid by insurance for reasons including, but not limited to, non-covered and non-authorized services. I permit a copy of this authorization to be used in place of the original.	Patient Signature*:
	Date*:

SPECIMEN DETAIL

Collection Date*	Draw Site* <input type="checkbox"/> Right <input type="checkbox"/> Left	Knee <input type="checkbox"/> Right <input type="checkbox"/> Left	Hip <input type="checkbox"/> Right <input type="checkbox"/> Left	Other _____ <input type="checkbox"/> Right <input type="checkbox"/> Left
Diagnosis Codes* (ICD-10-CM) <i>See reverse for examples</i>	Is patient currently on antibiotics? <input type="checkbox"/> Yes <input type="checkbox"/> No			



TEST SELECTION *Select test(s) from either the Comprehensive Synovial Fluid Infection Panels Section OR the Individual Synovial Fluid Infection Tests Section*

COMPREHENSIVE SYNOVIAL FLUID INFECTION PANELS

Note: Comprehensive Panels require 3 tubes of synovial fluid  - 3mL  - 2mL  - 1mL

<p>FOR TOTAL JOINT REPLACEMENTS (see reverse for list of CPT codes):</p> <p><input type="checkbox"/> Comprehensive Periprosthetic Joint Infection Panel (PJI) (70000) Includes: Specimen integrity analysis, Synovasure® Alpha Defensin for PJI (<i>alpha defensin, CRP</i>), Culture, WBC count w/ differential and RBC count, Synovasure® Neutrophil Elastase</p> <p><input type="checkbox"/> Add Synovasure® Microbial ID Panel (7895)</p> <p><input type="checkbox"/> Add Crystal Analysis; MSU, CPPD (831)</p>	<p>FOR NATIVE JOINTS (see reverse for list of CPT codes):</p> <p><input type="checkbox"/> Comprehensive Native Septic Arthritis Panel (NSA) (74001) Includes: Specimen integrity analysis, Synovasure® Alpha Defensin for NSA (<i>alpha defensin, lactate</i>), Culture, WBC count w/ differential and RBC count, Synovasure® Neutrophil Elastase, Crystal Analysis, Synovasure® Microbial ID Panel</p>
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INDIVIDUAL SYNOVIAL FLUID INFECTION TESTS

<p> SUBMIT IN CLEAR TOPPED (RED STOPPER) TUBES (BD366703)</p> <p><input type="checkbox"/> Synovasure® Alpha Defensin for PJI (0.5mL) (7002) <input type="checkbox"/> Synovasure® Microbial ID Panel (1.0mL) (7895)</p> <p><input type="checkbox"/> Synovasure® Alpha Defensin for NSA (0.5mL) (7452) OR - Select Individual Pathogens:</p> <p><input type="checkbox"/> Culture (3.0mL) (70554) <input type="checkbox"/> <i>Staphylococcus species</i> (7810)</p> <p><input type="checkbox"/> Synovasure® Neutrophil Elastase (0.5mL) (7120) <input type="checkbox"/> <i>Enterococcus species</i> (7830)</p> <p><input type="checkbox"/> <i>Candida species + P. acnes</i> (7890)</p>	<p> SUBMIT IN LAVENDER TUBES (BD367856)</p> <p><input type="checkbox"/> WBC Count w/ Differential and RBC count (0.5mL) (8260)</p> <p><input type="checkbox"/> Crystal Analysis; MSU, CPPD (0.5mL) (831)</p>
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SYNOVASURE® COMPREHENSIVE INFECTION TESTING

Specimen 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 specimen that is submitted for evaluation. As part of sample analysis, specimen integrity tests are performed on synovial fluid specimens. Physicians are notified when a suboptimal specimen has been submitted. Our specimen integrity tests assess:

- **Absorbance at 280 nm (A280)** – Specimens that fall outside the normal range for synovial fluid may be caused by dilution via saline lavage or use of contrast agents
- **Red Blood Cell Count** – Specimens are verified as characteristic of synovial fluid, not blood.

INFECTION TEST MENU

Synovasure Alpha Defensin for PJI	The Synovasure Alpha Defensin lab developed test (LDT) for PJI consists of assays for synovial fluid Alpha Defensin and CRP 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 LDT for NSA consists of assays for synovial fluid Alpha Defensin and lactate and has been validated for use as an adjunct for the diagnosis of native septic arthritis.
Synovasure Microbial Identification Panel	Synovasure MID LDT 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> .
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 strip is 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 (>3000c/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.

Commonly Used ICD-10-CM Codes

M17.9	Osteoarthritis of knee, unspecified
M25.469	Effusion, unspecified knee
M25.559	Pain in unspecified hip
M25.561	Pain in knee, right
M25.562	Pain in knee, left
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
Z96.641	Presence of artificial hip joint, right
Z96.642	Presence of artificial hip joint, left
Z96.651	Presence of artificial knee joint, right
Z96.652	Presence of artificial knee joint, left

Test CPT Codes – Please use these codes for prior authorization

Synovasure Alpha Defensin for PJI	
Alpha Defensin-SF	83516
CRP-SF	86140
Synovasure Alpha Defensin for NSA	
Alpha Defensin-SF	83516
Lactate-SF	83605
Synovasure Microbial ID	87449 (x3)
Synovasure Neutrophil Elastase	83516
Synovial Fluid Culture	
Aerobic	87070
Anaerobic	87075
WBC Count w/ Differential	89051
Crystal Analysis	89060