University of Washington
Shoulder and Elbow Team
Culture Forms

Please use the following prefilled forms for STAT cultures sent to the lab. Simply add Date, Time and Phone Number to form

Please have ready:
- 2 Sterile Cups for tissue collection
- 2 10cc Syringes for joint fluid collection
- 2 Red Caps for Syringes (found in Anesthesia Cart)

Note:

**DO NOT USE CULTURE SWABS!**
(These contain inhibitors that hinder our culture labs)

Please address any questions with Alexander Bertelsen PA-C

Thanks
When ordering tests for which Medicare reimbursement will be sought, providers should only order tests which are medically necessary for diagnosis or treatment of the patient. You should be aware that Medicare generally does not cover routine screening tests, and will only pay for tests that are covered by the program and are reasonable and necessary to treat or diagnose the patient.

TEST REQUEST FROM ORTHOPEDIC SURGERY

BODY FLUID, WOUND, TISSUE
(Describe specimen site below)

Bacterial culture with Gram stain (with anaerobe screen)
Choose 28 day-hold OR Routine bacterial culture:
[ ] 28 DAY-HOLD bacterial culture
--- FLDANO, TISO, WNDANO
[ ] ROUTINE bacterial culture
--- FLDANC, TISC, WNDANC
[ ] Fungal culture (includes direct exam except on CSF)
--- FLDF, TISF, WNDF
[ ] AFB culture (includes AFB stain, see back side)
--- AFBHSC

BLOOD (Describe draw site below)
[ ] Bacterial culture, routine aerobic and anaerobic
--- BLDC
[ ] Fungal culture
--- BLDF
[ ] AFB culture
--- AFBBC

MOLECULAR
(Describe specimen site below)

Molecular detection of microbial DNA in clinical specimens
Circle: AFB / Bacteria / Mould / Yeast
More info: http://depts.washington.edu/molmicdx

Surgical Team:
1. More volume = better.
2. Collect fluid in capped syringes (>3 ml preferred).
3. Collect tissue in sterile cups (2 cm or larger piece preferred).
4. Swabs are not accepted for molecular testing.
5. Page Lab Medicine Resident with questions.

CLINICAL INFORMATION (regarding infection):

Procedure:_____________________________________

Login: Add battery ORTCI and result with codes listed below.

1. Clinical History (for infection at site):
   [ ] Normal ORT1A
   [ ] Intermediate ORT1B
   [ ] Suspicious for infection ORT1C

2. Pre-operative Lab values:
   [ ] Normal ORT2A
   [ ] Intermediate ORT2B
   [ ] Suspicious for infection ORT2C

3. Intra-operative findings:
   [ ] Normal ORT3A
   [ ] Intermediate ORT3B
   [ ] Suspicious for infection ORT3C

STAT Gram stain Requested
Please phone results to: __________ REQUIRED
For other STAT requests, page Lab Medicine Resident.

SPECIAL REQUESTS for bacterial isolates (check):
[ ] Identify all isolates species level
[ ] Sensitivity testing if available

SREQ: OSS

Shrink-seal all plates for 28 day-hold cultures and label with out-date

OTHER REQUESTS:

ORDERING PHYSICIAN / UWP OR UPIN CODE
Frederick A. Matsen III 1023193836

SPECIMEN SITE
Shoulder

WORKING DIAGNOSIS / SUSPECTED ORGANISM
Possible Infection

UNSPECIFIED INFECTION OF BONE

DATE COLLECTED __ __ __ __ REQUIRED
TIME COLLECTED __ __ __ __ REQUIRED

cter check if SCCA HSCT patient
When ordering tests for which Medicare reimbursement will be sought, providers should only order tests which are medically necessary for diagnosis or treatment of the patient. You should be aware that Medicare generally does not cover routine screening tests, and will only pay for tests that are covered by the program and are reasonable and necessary to treat or diagnose the patient.

### TEST REQUEST FROM ORTHOPEDIC SURGERY

**BODY FLUID, WOUND, TISSUE**  
(Describe specimen site below)

Bacterial culture with Gram stain (with anaerobe screen)  
Choose 28 day-hold OR Routine bacterial culture:  
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- **__** ROUTINE bacterial culture  
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- **X** Fungal culture (includes direct exam except on CSF)  
  - FLDF, TISF, WNDF  
- **__** AFB culture (includes AFB stain, see back side)  
  - AFBHSC

**BLOOD**  
(Describe draw site below)

- **__** Bacterial culture, routine aerobic and anaerobic  
  - BLDC  
- **__** Fungal culture  
  - BLDF  
- **__** AFB culture  
  - AFBBBC

**MOLECULAR**  
(Describe specimen site below)

Molecular detection of microbial DNA in clinical specimens  
Circle: AFB / Bacteria / Mould / Yeast  
More info: [http://depts.washington.edu/molmicdx](http://depts.washington.edu/molmicdx)

### CLINICAL INFORMATION (regarding infection):

**Procedure:**

**Login:** Add battery ORTCI and result with codes listed below.

1. **Clinical History (for infection at site):**  
   - **___** Normal ORT1A  
   - **Not Provided:** ORT1D  
   - **___** Intermediate ORT1B  
   - **___** Suspicious for infection ORT1C

2. **Pre-operative Lab values:**  
   - **___** Normal ORT2A  
   - **Not Provided:** ORT2D  
   - **___** Intermediate ORT2B  
   - **___** Suspicious for infection ORT2C

3. **Intra-operative findings:**  
   - **___** Normal ORT3A  
   - **Not Provided:** ORT3D  
   - **___** Intermediate ORT3B  
   - **___** Suspicious for infection ORT3C

**STAT Gram stain Requested**  
Please phone results to: **REQUIRED**  
For other STAT requests, page Lab Medicine Resident.

**SPECIAL REQUESTS for bacterial isolates (check):**  
- **X** Identify all isolates species level  
- **__** Sensitivity testing if available

**SREQ: OSS**  
Shrink-seal all plates for 28 day-hold cultures and label with out-date

### OTHER REQUESTS:

**Surgical Team:**  
1. More volume = better.  
2. Collect fluid in capped syringes (>3 ml preferred).  
3. Collect tissue in sterile cups (2 cm or larger piece preferred).  
4. Swabs are not accepted for molecular testing.  
5. Page Lab Medicine Resident with questions.

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>ORD.STA.NO.</th>
<th>PT.NO.</th>
<th>NAME</th>
<th>D.O.B</th>
<th>SEX</th>
<th>UWP OR UPIN CODE</th>
<th>SPECIMEN SITE</th>
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<tr>
<td></td>
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<td>Frederick A. Matsen III</td>
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**WORKING DIAGNOSIS / SUSPECTED ORGANISM**

Possible Infection

**MEDICAL NECESSITY DOCUMENTATION, REQUIRED FOR OUTPATIENT TESTING**

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<tr>
<th>ICD9 CODE</th>
<th>DIAGNOSIS / SIGNS &amp; SYMPTOMS</th>
<th>DATE COLLECTED</th>
<th>TIME COLLECTED</th>
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<tbody>
<tr>
<td>730.9</td>
<td>Unspecified infection of bone</td>
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When ordering tests for which Medicare reimbursement will be sought, providers should only order tests which are medically necessary for diagnosis or treatment of the patient. You should be aware that Medicare generally does not cover routine screening tests, and will only pay for tests that are covered by the program and are reasonable and necessary to treat or diagnose the patient.

**TEST REQUEST FROM ORTHOPEDIC SURGERY**

**BODY FLUID, WOUND, TISSUE**  
(Describe specimen site below)

Bacterial culture with Gram stain (with anaerobe screen)  
Choose 28 day-hold OR Routine bacterial culture:  
- **X** 28 DAY-HOLD bacterial culture  
  - FLDANO, TISO, WNDANO  
- **X** Routine bacterial culture  
  - FLDANC, TISC, WNDANC

- **X** Fungal culture (includes direct exam except on CSF)  
  - FLDF, TISF, WNDF

- **X** AFB culture (includes AFB stain, see back side)  
  - AFBHSC

**BLOOD**  
(Describe draw site below)

- **X** Bacterial culture, routine aerobic and anaerobic  
  - BLDC

- **X** Fungal culture  
  - BLDF

- **X** AFB culture  
  - AFBB

**MOLECULAR**  
(Describe specimen site below)

Molecular detection of microbial DNA in clinical specimens

Circle: AFB / Bacteria / Mould / Yeast  
More info: http://depts.washington.edu/molmicdx

**Surgical Team:**
1. More volume = better.
2. Collect fluid in capped syringes (>3 ml preferred).
3. Collect tissue in sterile cups (2 cm or larger piece preferred).
4. Swabs are not accepted for molecular testing.
5. Page Lab Medicine Resident with questions.

**CLINICAL INFORMATION**  
(regarding infection):

**Procedure:**

**Login:** Add battery ORTCI and result with codes listed below.

1. **Clinical History (for infection at site):**
   - Normal ORT1A  
   - Intermediate ORT1B  
   - Suspicious for infection ORT1C

2. **Pre-operative Lab values:**
   - Normal ORT2A  
   - Intermediate ORT2B  
   - Suspicious for infection ORT2C

3. **Intra-operative findings:**
   - Normal ORT3A  
   - Intermediate ORT3B  
   - Suspicious for infection ORT3C

**SPECIAL REQUESTS** for bacterial isolates (check):

- **x** Identify all isolates species level
- **x** Sensitivity testing if available

**SREQ: OSS**

Shrink-seal all plates for 28 day-hold cultures and label with out-date

**OTHER REQUESTS:**
BODY FLUID, WOUND, TISSUE
(Describe specimen site below)

Bacterial culture with Gram stain (with anaerobe screen)
Choose 28 day-hold OR Routine bacterial culture:

- 28 DAY-HOLD bacterial culture
  FLDANO, TISO, WNDANO
- ROUTINE bacterial culture
  FLDANC, TISC, WNDANC

- Fungal culture (includes direct exam except on CSF)
  FLDF, TISF, WNDF
- AFB culture (includes AFB stain, see back side)
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BLOOD (Describe draw site below)

- Bacterial culture, routine aerobic and anaerobic
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  BLDF
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(Describe specimen site below)

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3. **Intra-operative findings:**
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   - Suspicious for infection ORT3C

**STAT Gram stain Requested**
Please phone results to: REQUIRED
For other STAT requests, page Lab Medicine Resident.

**SPECIAL REQUESTS** for bacterial isolates (check):
- **Identify all isolates** species level
- **Sensitivity testing** if available

**SREQ: OSS**
Shrink-seal all plates for 28 day-hold cultures and label with out-date

**OTHER REQUESTS:**

[Additional information and forms provided, including medical necessity documentation and AMT information]

[Boxed information for ordering physician, specimen site, and working diagnosis provided]

[Boxed information for Unspecified infection of bone, with date and time collected provided]
When ordering tests for which Medicare reimbursement will be sought, providers should only order tests which are medically necessary for diagnosis or treatment of the patient. You should be aware that Medicare generally does not cover routine screening tests, and will only pay for tests that are covered by the program and are reasonable and necessary to treat or diagnose the patient.

## TEST REQUEST FROM ORTHOPEDIC SURGERY

### BODY FLUID, WOUND, TISSUE

(Describe specimen site below)

<table>
<thead>
<tr>
<th>Bacterial culture with Gram stain (with anaerobe screen)</th>
<th>28 DAY-HOLD</th>
<th>ROUTINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLDANO, TISO, WNDANO</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>FLDANC, TISC, WNDANC</td>
<td></td>
<td></td>
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<table>
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<tr>
<th>Fungal culture (includes direct exam except on CSF)</th>
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<table>
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<tr>
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<th>AFBHSC</th>
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(Describe draw site below)

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### MOLECULAR

(Describe specimen site below)

Molecular detection of microbial DNA in clinical specimens

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More info: http://depts.washington.edu/molmicdx

## CLINICAL INFORMATION (regarding infection):

### Procedure:

Login: Add battery ORTCI and result with codes listed below.

### 1. Clinical History (for infection at site):

- Normal
- Intermediate
- Suspicious for infection

### 2. Pre-operative Lab values:

- Normal
- Intermediate
- Suspicious for infection

### 3. Intra-operative findings:

- Normal
- Intermediate
- Suspicious for infection

### STAT Gram stain Requested

Please phone results to: REQUIRED

For other STAT requests, page Lab Medicine Resident.

## SPECIAL REQUESTS for bacterial isolates (check):

- Identify all isolates
- Sensitivity testing

## SREQ: OSS

Shrink-seal all plates for 28 day-hold cultures and label with out-date

## OTHER REQUESTS:

### LOCATION

<table>
<thead>
<tr>
<th>Ordered by:</th>
<th>UWP or UPIN Code</th>
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<tbody>
<tr>
<td>Frederick A. Matsen III</td>
<td>A05105</td>
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### BODY FLUID, WOUND, TISSUE

<table>
<thead>
<tr>
<th>Friends or Mantle Code (FDANO, TISO, WNDANO)</th>
<th>Routine (FLDANC, TISC, WNDANC)</th>
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</table>

<table>
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<tr>
<th>Fungal culture (includes AFB stain)</th>
<th>AFBHSC</th>
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More info: http://depts.washington.edu/molmicdx

## Surgical Team:

1. More volume = better.
2. Collect fluid in capped syringes (>3 ml preferred).
3. Collect tissue in sterile cups (2 cm or larger piece preferred).
4. Swabs are not accepted for molecular testing.
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When ordering tests for which Medicare reimbursement will be sought, providers should only order tests which are medically necessary for diagnosis or treatment of the patient. You should be aware that Medicare generally does not cover routine screening tests, and will only pay for tests that are covered by the program and are reasonable and necessary to treat or diagnose the patient.

**TEST REQUEST FROM ORTHOPEDIC SURGERY**

**BODY FLUID, WOUND, TISSUE**
(Describe specimen site below)

Bacterial culture with Gram stain (with anaerobe screen)

- **X** 28 DAY-HOLD bacterial culture
  - FLDANO, TISO, WNDANO
- ROUTINE bacterial culture
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- **X** Fungal culture (includes direct exam except on CSF)
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**BLOOD**
(Describe draw site below)

- **X** Bacterial culture, routine aerobic and anaerobic
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**MOLECULAR**
(Describe specimen site below)

Molecular detection of microbial DNA in clinical specimens

Circle: AFB / Bacteria / Mould / Yeast
More info: http://depts.washington.edu/molmicdx

**Surgical Team:**
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2. Collect fluid in capped syringes (>3 ml preferred).
3. Collect tissue in sterile cups (2 cm or larger piece preferred).
4. Swabs are not accepted for molecular testing.
5. Page Lab Medicine Resident with questions.

**CLINICAL INFORMATION** (regarding infection):

**Procedure:**

**Login:** Add battery ORTCI and result with codes listed below.

1. **Clinical History (for infection at site):**
   - Normal ORT1A Not Provided: ORT1D
   - Intermediate ORT1B
   - Suspicious for infection ORT1C

2. **Pre-operative Lab values:**
   - Normal ORT2A Not Provided: ORT2D
   - Intermediate ORT2B
   - Suspicious for infection ORT2C

3. **Intra-operative findings:**
   - Normal ORT3A Not Provided: ORT3D
   - Intermediate ORT3B
   - Suspicious for infection ORT3C

**STAT Gram stain Requested**

For other STAT requests, page Lab Medicine Resident.

**SPECIAL REQUESTS** for bacterial isolates (check):

- **X** Identify all isolates species level
- **X** Sensitivity testing if available

**SREQ: OSS**

Shrink-seal all plates for 28 day-hold cultures and label with out-date

**OTHER REQUESTS:**
REFLEXIVE TESTING DESCRIPTIONS

Identification and Susceptibility Testing
When suspected pathogenic microorganisms are detected, identification procedures are performed, as appropriate for the organism and specimen.

Gram Stain
Gram stain is included with routine bacterial culture on specimens except throat, nose, stool, urine, R/O Strep, routine genital, R/O GC, vascular catheter, quantitative biopsy, and specimens in blood culture bottles. Order separately if required.

Anaerobic Culture
Anaerobic culture is included with routine bacterial culture on tissues, body fluids, abscesses, and wounds collected appropriately to preserve anaerobic flora. The following specimens are not culturable anaerobically except by written request: CSF, urine, bone marrow, skin, genital, ear, eye, R/O GC, stool, R/O pertussis, environmental, and swabs in routine transport medium.

Homogenization and Concentration
To optimize organism recovery, tissues are homogenized, and body fluid and lower respiratory specimens may be concentrated by centrifugation or filtration.

Special Stain with Ova and Parasite Exam
The ova and parasite exam includes a special permanent stain.

Cryptococcal Antigen
If the cryptococcal antigen test is positive, the antigen titer is determined.

Sputum Cultures on Cystic Fibrosis Patients
Sputum culture includes selective media for Burkholderia cepacia.

AFB Stain with Culture
AFB stain is included with AFB culture except for CSF and urine specimens. When AFB stain is ordered, AFB culture is always performed.

30°C AFB Incubation
Skin and superficial tissue specimens are cultured at 30°C in addition to routine 37°C incubation to R/O mycobacteria (AFB’s) with lower optimal growth temperatures.

Legionella Detection by Fluorescent In Situ Hybridization (FISH)
When the Legionella FISH screen is positive, a confirmatory FISH test is performed to identify L. pneumophila, L. micdadei, and L. longbeachae.

BLOOD CULTURE SPECIMEN LABELING
When labeling blood culture bottles, do not cover the existing barcode label, which must be scanned by the automated blood culture instrument.

SPECIAL COLLECTION REQUIREMENTS
For complete specimen collection information, consult the online lab test information database. See below for website.

Rapid Concentrated AFB Smear
This test is recommended for lower respiratory specimens that have missed the morning deadline for routine AFB processing. Specimen must arrive at Harborview Microbiology Lab before 2 PM.

Blood Culture Bottles
Tops of bottles are not sterile. Wipe tops with alcohol and allow to dry before inoculating.

ONLINE LAB TEST INFORMATION DATABASE
An online database of lab test information is available online at website: byblo.labmed.washington.edu

The database contains information on test names and battery components, specimen collection, special handling, testing frequency, CPT codes and reference ranges. Search either by test name or the lab mnemonic (shown in gray on the front of requisition).

MEDICAL NECESSITY DOCUMENTATION - PARTIAL ICD9 LIST

For outpatient use only: This partial ICD9 code list is being provided only as informational assistance in documenting medical necessity. It is not an all-inclusive list of codes for conditions related to tests on this requisition. If the correct diagnosis, sign or symptom code is not found here or on a service-specific ICD9 code list at your location, please write the diagnosis, signs or symptoms in the Medical Necessity box located on the bottom front of this sheet. Do not circle codes here, please transcribe them to the front.

<table>
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<th>DESCRIPTION</th>
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<td>729.4</td>
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<td>007.1</td>
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