

Peri-prosthetic Joint Microbiology Sample Form



Affix Patient ID Label

Date

Time

A. Joint Details:

Joint Type: Hip
Knee
Shoulder

Other (*specify*) _____

Joint Side: Left Right

B. Tests

Routine Microbiology

Other (*specify*) _____

CLINICAL DETAILS (*Mandatory*)

Please include current antibiotic therapy

C. Sample Site:

(*Circle*)

- Tissue Aspirate Other _____
- Tissue Aspirate Other _____
- Tissue Aspirate Other _____
- Tissue Aspirate Other _____
- Tissue Aspirate Other _____

D. Instructions:

Microbiology – Five culture specimens should be sent whenever periprosthetic joint infection is suspected. Tissue and aspirate cultures are preferred (swabs are strongly discouraged). Label 5 separate specimen collection pots (1-5) and place one corresponding sample in each pot using separate instruments as indicated on the specimen sites.

Histology – consider sending an additional sample in formalin. This **MUST** have a separate laboratory form.

E. Requestor: _____

Contact Phone No: _____