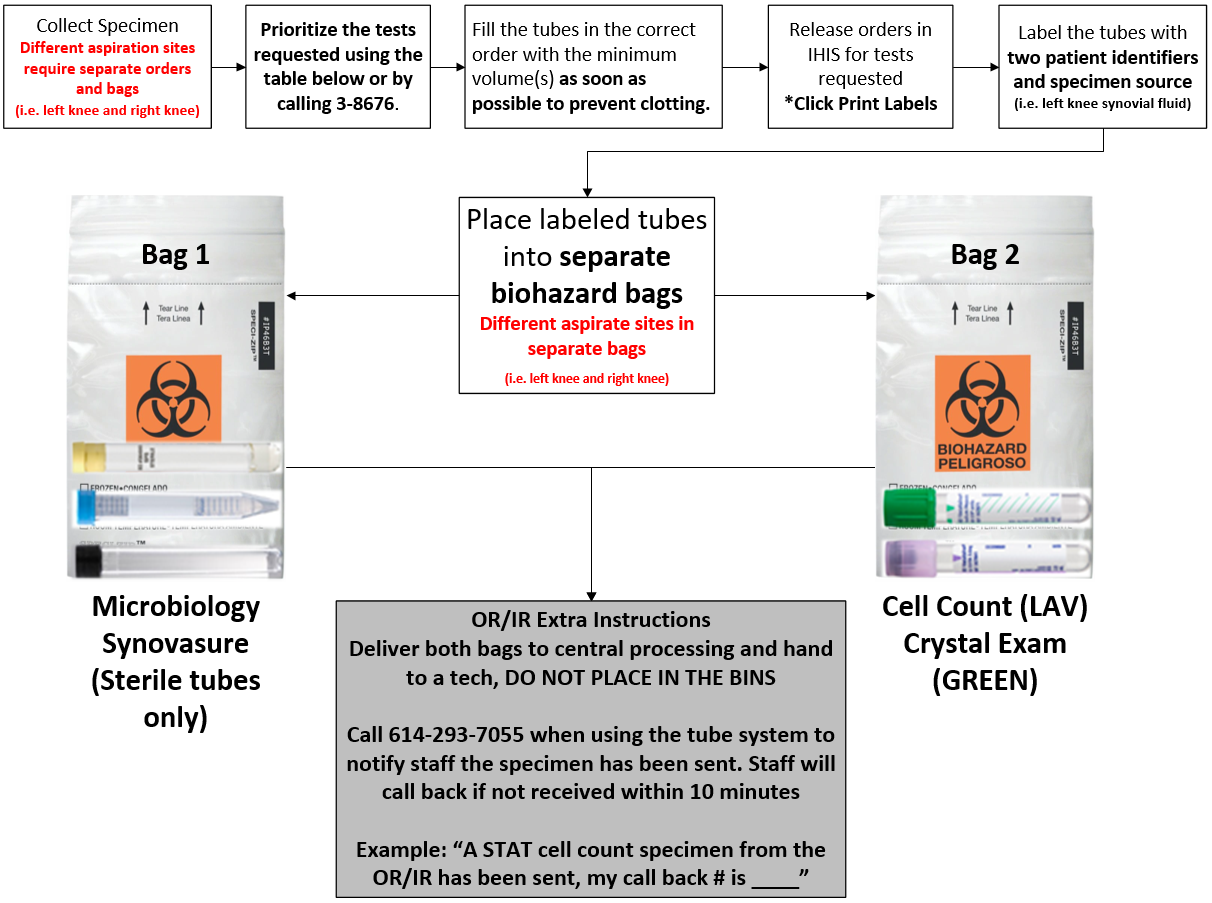
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**Call back #\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| **Standard Order Priority List**  Notify the lab if the priority needs modified | | | |
| 1. **Aerobic Culture** 2. **Cell Count with Differential** 3. **Anaerobic Culture** 4. **Synovasure** | | | 1. **Leukocyte Esterase** 2. **Fungus Culture** 3. **Acid Fast Bacilli Culture** 4. **Crystal Exam** |
| **Test** | **Tube and Volume** | **Comments** | |
| Microbiology Culture | SPS, Any Sterile Tube  **Minimum 1.0 mL** | Body fluid submitted with Eswabs, EDTA (LAV top), heparin (green top) or other anticoagulants other than SPS are unacceptable for culture. | |
| Synovasure | Any Sterile Tube  **Minimum 1.0 mL** |  | |
| Cell count | LAV Top – **Preferred**  Or Green Top  **Minimum 0.5 mL\*** | Add fluid immediately after collect and **gently mix by inversion 8 times** to prevent clotting  **\*Use LAV for cell count and crystals if <1mL available** | |
| Crystal Exam | Green Top - **Preferred**  Or LAV Top  **Minimum 0.5 mL\*** | Add fluid immediately after collect and **gently mix by inversion 8 times** to prevent clotting  **\*Use LAV for cell count and crystals if <1mL available** | |