
Reporting Title: Alpha Defensin, Synovial Fluid, LFA
Performing Location: Rochester**Ordering Guidance:**

This test should only be used for patients with a total joint prosthesis.

Necessary Information:

Specimen source and type of joint are required. If not obtained from a prosthetic joint, testing will be canceled.

If ordering electronically, answers must be provided for the order entry questions.

If not ordering electronically, specimen source and type of joint must be provided on the request form.

Specimen Requirements:

Collection Container/Tube: Plain red-top tube

Submission Container/Tube: Plastic vial

Specimen Volume: 0.6 mL

Specimen Minimum Volume:

0.10 mL

Specimen Type	Temperature	Time	Special Container
Synovial Fluid	Refrigerated	7 days	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
ALDEF	JOINT	Is this for a prosthetic joint?: <ul style="list-style-type: none">• Yes• No• Unknown	Answer List	Yes

Test ID	Question ID	Description	Type	Reportable
ALDEF	ADSRC	Alpha Defensin Source: <ul style="list-style-type: none">• Synovial Fluid, Left Ankle• Synovial Fluid, Right Ankle• Synovial Fluid, Left Elbow• Synovial Fluid, Right Elbow• Synovial Fluid, Left Hip• Synovial Fluid, Right Hip• Synovial Fluid, Left Knee• Synovial Fluid, Right Knee• Synovial Fluid, Left Shoulder• Synovial Fluid, Right Shoulder• Synovial Fluid, Left Wrist• Synovial Fluid, Right Wrist• Unknown	Answer List	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
607711	Alpha Defensin, Synovial FI, LFA	Alphanumeric		94718-4
JOINT	Is this for a prosthetic joint?	Alphanumeric		86955-2
ADSRC	Alpha Defensin Source	Alphanumeric		72923-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

83518

Reference Values:

Negative

Reference values apply to all ages.