


Synovial Fluid Routine Exam

Order Name: **SYN COUNT**
Test Number: 0814000
Revision Date: 02/01/2024

TEST NAME	METHODOLOGY	LOINC CODE
Appearance	Visual	29605-3
Color	Visual	14664-7
Crystals, Synovial Fluid	Microscopy	38458-6
RBC Count	Microscopy	26458-0
Viscosity	Visual	14950-0

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	3 mL (1 mL)		Sodium Heparin (Green Top / No-Gel)	
Instructions	This test is for Synovial/Joint Fluids. Invert tube several times to mix well and deliver to laboratory immediately. Specimen Volume: Preferred 3 mL, Minimum 1 mL, NOTE: If shared specimen between other tests/departments within the lab 3 mL is required. Collect 3mL of fluid in a Sodium Heparin (Green Top/ No-Gel) tube. Specimen stability is 24hrs Refrigerated. Mark Specimen DO NOT SPIN..! ?Reject criteria: Specimens received in syringes, urine cups, monovette tubes, red top tubes, gel-barrier tubes, EDTA tubes, or lithium heparin tubes; or specimens that are received frozen, clotted, or have exceeded stability			

GENERAL INFORMATION	
Testing Schedule	Mon - Fri
Expected TAT	1 Day
Notes	Result includes a manual differential.
CPT Code(s)	89051 (add 89060 if Crystal Exam is performed)
Service Provided By	 labcorp Oklahoma, Inc.