

National Bone & Joint Infection Registry

PLEASE RETURN THIS FORM TO YOUR BAJIR ADMINISTRATOR FOR DETAILS TO BE ADDED TO THE REGISTRY

BAJIR – MICROBIOLOGY



PATIENT ID (Label preferred): _____

(Minimum required:
Name, D.O.B, NHS Number)

Please complete all parts by ticking the most appropriate box.

These reflect the drop down options in the registry and there is no facility for free-text unless stated

ASPIRATION:

DATE OF ASPIRATION _____

SYNOVIAL WCC RESULT AVAILABLE

NO

YES

ABSOLUTE WCC _____ cells/ μ l

DIFFERENTIAL WCC _____ %

LAB TEST ALPHA DEFENSIN RESULT AVAILABLE

NO

YES

NEGATIVE FOR INFECTION

POSITIVE FOR INFECTION

LATERAL FLOW ALPHA DEFENSIN RESULT AVAILABLE NO

YES

NEGATIVE FOR INFECTION

POSITIVE FOR INFECTION

SENT FOR CULTURE

NO

YES

WERE ORGANISM(S) PRESENT IN ONE OR MORE SAMPLES NO

YES

Number of positive samples _____

HISTOLOGY:

DATE OF SAMPLING _____

HISTOLOGY RESULT

DIAGNOSTIC

SUGGESTIVE

NOT DIAGNOSTIC

ALTERNATIVE PATHOLOGY

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TISSUE SAMPLES TAKEN FOR CULTURE:

DATE OF SAMPLING _____

NUMBER OF SAMPLES TAKEN _____

WERE ORGANISM(S) PRESENT IN ONE OR MORE SAMPLES NO YES

Number of positive samples _____

FOR EACH ORGANISM PLEASE CIRCLE THE SAMPLE NUMBER WHICH GREW THIS ORGANISM

e.g. MSSA grown in samples 1,3,5 would be recorded as: MSSA (1) 2 (3) 4 (5) 6

MSSA (Meticillin sensitive <i>Staphylococcus aureus</i>)	1 2 3 4 5 6
MRSA (Meticillin resistant <i>Staphylococcus aureus</i>)	1 2 3 4 5 6
CoNS (Coagulase negative staphylococci)	1 2 3 4 5 6
Streptococcus spp	1 2 3 4 5 6
Enterococcus spp	1 2 3 4 5 6
VRE (Vancomycin resistant enterococcus)	1 2 3 4 5 6
Diphtheroids	1 2 3 4 5 6
Enteric Gram negative (Enterobacteriaceae)	1 2 3 4 5 6
Anaerobes	1 2 3 4 5 6
Pseudomonas spp	1 2 3 4 5 6
Acinetobacter spp	1 2 3 4 5 6
HACEK group	1 2 3 4 5 6
Fungal	1 2 3 4 5 6
Mycobacterium spp	1 2 3 4 5 6
Other - state organism: _____	1 2 3 4 5 6