

Pap Test

Specimen Collection and Requirements:

1. Labeling the Liquid Pap Vial: A computer-generated label may be used for identification on the collection vial. The collection vial may also be labeled by legibly writing the patient's first and last name, medical record number or DOB, and the date of collection with a permanent marker.
2. Sample Collection: Specimen collection is a key factor in obtaining adequate and representative samples for analysis. Therefore, when collecting specimens, it is important to use appropriate devices and techniques, for example, avoiding the use of lubricants, or if they are used, using a carbomer-free lubricant sparingly.

Brush/Spatula Protocol

1. Obtain an adequate sampling from the ectocervix using a plastic spatula. If desired, use lukewarm water to warm and lubricate the speculum. Water-soluble gel lubricant sparingly applied to the posterior blade of the speculum can be used if necessary. Select contoured end of plastic spatula and rotate it 360° around the entire exocervix while maintaining tight contact with exocervical surface.
2. Rinse the spatula as quickly as possible into the PreservCyt solution vial by swirling the spatula vigorously in the vial 10 times. Discard the spatula.
3. Obtain an adequate sampling from the endocervix using an endocervical brush device. Insert the brush into the cervix until only the bottommost fibers are exposed. Slowly rotate 1/4 or 1/2 turn in one direction. DO NOT OVER-ROTATE.
4. Rinse the brush as quickly as possible in the PreservCyt solution by rotating the device in the solution 10 times while pushing against the PreservCyt vial wall. Swirl the brush vigorously to further release material. Discard the brush.
5. Tighten the cap so that the torque line on the cap passes the torque line on the vial.

Broom Like Device Protocol

1. Obtain an adequate sampling from the cervix using a broom-like device. If desired, use lukewarm water to warm and lubricate the speculum. Water-soluble gel lubricant sparingly applied to the posterior blade of the speculum can be used if necessary. Insert the central bristles of the broom into the endocervical canal deep enough to allow the shorter bristles to fully contact the ectocervix. Push gently and rotate the broom in a clockwise direction five times.
2. Rinse the broom as quickly as possible into the PreservCyt solution vial by pushing the broom into the bottom of the vial 10 times, forcing the bristles apart. As a final step, swirl the broom vigorously to further release material. Discard the collection device.
3. Tighten the cap so that the torque line on the cap passes the torque line on the vial.

NOTE: In general, the Pap test is ideally performed when the uterine cervix is sampled in such a manner to include sampling of both the ectocervix and the transition zone to the endocervix (e.g. cervical/endocervical source). In rare clinical circumstances, a clinician may choose to sample only select anatomic areas other than the ecto/endocervix, such as the vaginal sampling after hysterectomy, or to specifically target only the endocervical canal in a patient with specific indications outside of the usual context of routine screening.

ENTERING EPIC ORDERS / PREPARING REQUISITION FORMS:

1. Required demographic data:
 - Patient's first and last name
 - Medical record number
 - Birthdate
 - Date of specimen collection
 - Provider's name
 - NOTE: Computer generated labels may be used to complete the demographic data on the requisition forms.
2. Other clinical information needed:
 - Date of last menstrual period
 - Specimen source (cervical/endocervical, vaginal, etc.)
3. Presence of an IUD
4. DES exposure
5. High risk factors (including any past or present gynecological malignancy or abnormality; past or present extragenital malignancy)
6. History of radiation therapy
7. Any current symptoms or patient complaints

NOTE: Be sure the requisition form is filled out completely. If all the required information is not supplied, the laboratory may have to send the slip back along with an Incomplete Requisition Notification Form to the provider to be completed. This will delay processing the sample. See Lab-9735 Insufficiently Informed Requests.

INDICATIONS:

- Indications for Pap testing include primary routine screening or follow-up. Insurers may have differing schedules of coverage depending on the indication.
- In general, a Pap test should be specified as "follow-up" if any of the following are true.
 - Patient has a history of an abnormal Pap test.
 - Patient has a history of cervical dysplasia.
 - Patient has a history of any abnormality of the genital tract.

- Patient is currently being evaluated for gynecological symptoms (e.g. abnormal bleeding, discharge, etc.)
- Patient is currently being evaluated for gynecological signs (e.g. visible lesion, etc.)
- Due to the screening nature of the test and the inherent potential for false positive and false negative results, **the Pap test should never be the sole means of diagnostic evaluation in patients with clinical signs and/or symptoms of disease.** Results of the Pap test should always be interpreted in the appropriate clinical context.

HPV Testing:

1. Patients 24 years and younger

- Due to the high prevalence of human papillomavirus (HPV) in adolescents, HPV testing is not recommended.
- HPV testing may be warranted in select women for follow up of HSIL in accordance with ASCCP guidelines.

2. Patients 25 – 29 years

- Due to the high prevalence of HPV and low incidence of cervical cancer in this age group, co-testing is not recommended.
- Reflex HPV testing is recommended in women ages 25-29 with screening cytology results including ASCUS and LSIL and in select women for follow up of HSIL in accordance with ASCCP guidelines.

3. Patients 30 years and older

- Women ages 30-65 years should be screened with cytology and HPV testing (“co-testing”) every 5 years.

NOTE: HPV testing must be completed within 3 weeks of the specimen collection date.

Transporting Specimens: we recommend that in-house specimens be placed in a plastic specimen transport bag, with the requisition slip placed in the outside pocket. Please be sure the lid is on tightly, so the fluid does not leak into the bag.