PAP TEST - CERVICAL/ENDOCERVICAL/VAGINAL IN SUREPATH COLLECTION

Specimen Anatomic Source

Cervical/Endocervical/Vaginal collected as a SurePath Pap.

***NOTE**:*
Co-testing of HPV and Pap is available at Lifelabs.
ThinPrep Pap is accepted but kit is not supplied by LifeLabs

For information regarding the HPV Cervical/Endocervical collection and testing please refer to:
www.lifelabs.com/healthcare-providers/requisition & collection instructions

Specimen Labeling

All specimens should be clearly labeled **BEFORE** being sent to the laboratory for testing, to ensure correct identification of the patient and sample.

All specimens/containers must be labeled with:

- The patient's full name (printed in the same format as patient's health card)
- A second identifier such as date of birth or health card number

Specimen/container labeling options:

- Computer printed label affixed to the side of the sample vial.
- Clearly printed handwritten information on the sample vial label using indelible ink

Cytology Requisition Information:

All specimens must be submitted for testing with a completed Cytology & HPV Testing Requisition. The following information must be provided in a **legible format**:

1. The submitting client information (full name, address and billing number).
2. Complete the copy to - physician information (**full name, billing number, and address** must be provided).
3. Full name of patient in the same format as patient health card. Health Card Number and Date of birth. Patient address and phone number must be provided for billing purposes
4. Clinical Indication following Ontario Cervical Screening Guidelines.
5. Date of collection and Last Menstrual Period.
6. Site and specimen collection method (e.g. brush or broom).
   Provide any pertinent clinical information (e.g. Total Hysterectomy).
7. Complete if requesting any HPV testing to be performed (Specimen collection date, sign to authorize the request, inform the patient the laboratory will require payment for HPV testing and ask the patient to sign the requisition).

CYTOLOGY & HPV TESTING REQUISITION

LifeLabs

Requesting Clinician/Practitioner

Name

Address

Clinician/Practitioner Billing Number

Laboratory Use Only

Clinician/Practitioner Phone Number

Patient Chart Number

Health Card Number (HCN)

Version

Sex ☐M ☐F

Date of Birth YYYY MM DD

Copy to Clinician(s)/Practitioner(s) *(fill in all fields)*:
Name Billing #

Address

Name Billing #

Address

Province

Other Province's Registration Number

Patient Phone Number

Patient Last Name *(as per Health Card)*

Patient First Name & Middle Names *(as per Health Card)*

Patient Address *(including postal code)*

GYNECOLOGIC CYTOLOGY (PAP TEST)

Clinical Indication *(check one)*:

- ☐ Pap screening according to Ontario Cervical Screening Guidelines
- ☐ Pap for follow-up of a previous abnormal result *(specify below)*
- ☐ Pap during colposcopic exam
- ☐ Patient Pay *(none of the above; the patient has been informed that payment to LifeLabs is required.)*

Specimen Collection Date: YYYY MM DD

Last Menstrual Period *(first day)*: MM DD

Site: ☐ Cervical/Endocervical ☐ Vaginal ☐ Other *(specify below)*

Cervix: ☐ Normal ☐ Abnormal *(specify below in Clinical History/Remarks)*

Clinical Status:

- ☐ Pregnancy
- ☐ Post Menopausal
- ☐ IUD
- ☐ Irradiation
- ☐ Post Partum
- ☐ Post Menopausal Bleeding
- ☐ Hormone Replacement Therapy
- ☐ Other *(specify below in Clinical History/Remarks)*

Hysterectomy: ☐ Sub-total (cervix present) ☐ Total (no cervix)

NON-GYNECOLOGIC CYTOLOGY

☐ OHIP/Insured ☐ Third Party/Uninsured ☐ WSIB

Specimen Collection Date: YYYY MM DD

# of Specimens Submitted — # of Slides Submitted

Urine: ☐ Voided ☐ Catheterized ☐ Bladder Wash

Respiratory: ☐ Sputum ☐ Bronchial Brush ☐ Bronchial Wash

Site/Side *(if applicable)*:

Fluids: ☐ Pleural ☐ Peritoneal ☐ CSF ☐ Other *(specify)*

Site/Side *(if applicable)*:

Thyroid: ☐ Left ☐ Right ☐ Cyst ☐ Nodule ☐ Single ☐ Multiple

Breast: ☐ Left ☐ Right ☐ Cyst fluid ☐ FNA of Mass ☐ Nipple Discharge

Fine Needle Aspiration Biopsy: ☐ Left ☐ Right ☐ Kidney ☐ Salivary Gland ☐ Lung ☐ Liver ☐ Lymph Node *(specify)* ☐ Pancreas ☐ Other *(specify)*:

Other Site *(specify)*

Clinical History/Remarks:

Inadequate clinical information may hinder diagnosis. For accurate and timely cytologic diagnosis, provide all information required.

HPV TESTING

HPV testing can be ordered, at the patient's request, on the same sample that is submitted for a Pap test
HPV testing can be useful in the management of women over the age of 30. HPV testing under the age of 30 is not recommended.
HPV testing is not currently funded by MOHLTC (but private health insurance plans may cover some of the cost)
An invoice of $90.00 will be sent to the patient with instruction on how to make payment (patient address must be provided)

- ☐ Reflex HPV test to be done only if ASC/US
- ☐ HPV and Cytology co-testing on the same sample
- ☐ HPV DNA test only (No cytology to be performed on this Surepath sample)

Specimen Collection Date:

Physician signature:

By signing I acknowledge that a payment of $90.00 to LifeLabs is required for the HPV test

Patient signature:

Specimen Exclusions:

The following samples are not accepted for cytology testing at LifeLabs:

- Conventional spray fixed Paps (Direct Smears)
- Specimens collected in vials that are not SurePath® or ThinPrep®
- Paps collected using expired SurePath® or ThinPrep® collection vials

Specimen Handling and Transportation:

- Specimens collected from multiple sites should be collected in separate vials with the specimen source identified.
- Each specimen must be placed into a polybag.
- A completed Cytopathology requisition must accompany each specimen.
- Specimens requiring expedited service must be clearly marked as such by the health care provider taking the sample. The typical designation is: ASAP.
- For optimal results transport the specimens to the laboratory as soon as possible after collection.

Optimal Patient Conditions for Screening Cytology:

- Patient has not douched the vagina for 48 hours prior to examination
- Patient has avoided the use of contraceptive creams or jellies for 48 hours prior to examination
- Mid-cycle smears are optimal for cytological evaluation

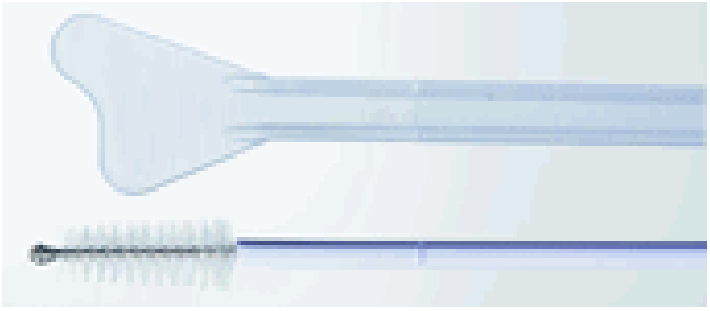
Collection Kit Information:

- Pap kit components are ordered separately:
  - Liquid based collection vial with 10 mL of cytology preservative
  - Cytology requisition
  - Polybag
  - Collection device (two are available):

1. Pap Collection Broom Kit: Cervex-Brush® can sample the ectocervix and endocervix in one procedure.

***Note**: The Cervex-Brush® is latex free.*

2. Pap Brush/Spatula Collection Kit: Cytobrush™ & plastic spatula used to collect cells from the endocervix and ectocervix respectively by two separate collection procedures.



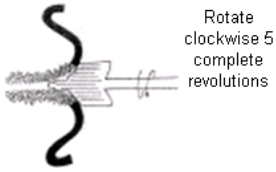
CAUTION: SurePath® Preservative Fluid contains an aqueous solution of denatured ethanol and small amounts of methanol and isopropanol. Do not ingest. If swallowed, do not induce vomiting. Call a physician immediately. Give plenty of water to drink. Never give anything by mouth to an unconscious person. If inhaled, remove person to fresh air. In case of contact, immediately flush skin with water; immediately flush eyes with plenty of water for at least 15 minutes. Flammable; keep away from heat, sparks & open flame. Avoid contact with eyes.

GYNECOLOGIC CYTOLOGY: LIQUID BASED PAP (SurePath® Pap)

Collection Instructions Using the Cervex-Brush®

Note: If used in pregnancy the collection technique should be modified (see below).

1. Label a SurePath® collection vial with the required identifiers and complete a cytology requistion.
2. Insert a speculum into the vagina. (Warm water may be used to lubricate the speculum but lubricant jellies should be avoided).
3. Identify the cervical os.
4. Insert the central (longest) bristles of the Cervex-Brush® into the endocervical canal.
5. Apply gentle pressure until the shorter side bristles bend from contact with the ectocervix.
6. While maintaining gentle pressure sufficient to keep the side bristles bent, rotate the Cervex-Brush® through five complete (360º) clockwise revolutions.



7. Using a gloved thumb and forefinger immediately push the head of the Cervex-Brush® from the stem into the larger opening of the labelled container containing cytology preservative. Discard the stem.

8. Re-cap the vial and tighten the lid securely.
9. Place the labeled vial into a polybag with a completed cytology requisition (including patient and healthcare provider information; and pertinent clinical information).
10. Keep the preserved specimen at room temperature or refrigerated (2-8ºC). It is recommended to return the specimen to the laboratory as soon as possible after collection.

Pregnant Patients:
The Cervex-Brush® may be used on pregnant patients up to the 10-week mark. The Cervex-Brush® can be used in a manner similar to spatula. The central bristles of the Cervex-Brush® should not be inserted deep into the canal but by firm pressure and rotation in a clockwise direction, the device may be used to sample the external os and ectocervix. A vaginal pool sample may also be obtained.

Minimum Specimen Volume: 4 mL

GYNECOLOGIC CYTOLOGY: LIQUID BASED PAP (SurePath® Pap)

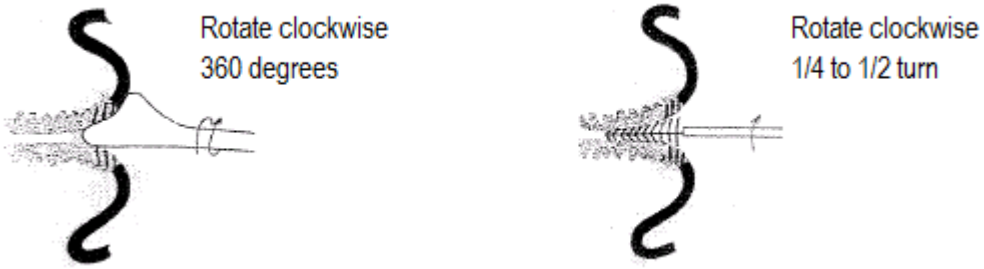
Collection Instructions Using the Cytobrush™ & Plastic Spatula

Note:

- The Cytobrush™ should not be used on pregnant patients or for endometrial sampling.
- Place the heads of both collection devices into the same collection vial.

1. Label a SurePath® collection vial with the required identifiers and complete a cytology requistion.
2. Insert a speculum into the vagina. (Warm water may be used to lubricate the speculum but lubricant jellies should be avoided).
3. Identify the cervical os.
4. Insert the longer tip of the plastic spatula into the endocervical canal.
5. Rotate the spatula through 1 complete revolution (360º) while maintaining tight contact with the cervix.
6. Using gloved hands, break off the tip of the spatula at the score line and deposit it into the larger opening of the collection container with preservative. Discard the stem.

7. Insert the Cytobrush™ into the endocervical canal (keeping the last row of bristles visible). Slowly rotate the Cytobrush™ clockwise ¼ to ½ turn in clockwise direction. Do not over rotate, excessive rotation will distort the cells and increase likelihood of bleeding.



8. Using gloved hands, break off the tip of the Cytobrush™ at the score line and deposit it into the larger opening of the collection container with preservative. Discard the stem.

9. Re-cap the vial and tighten the lid securely.
10. Place the labelled vial into a polybag with a completed cytology requisition (including patient and healthcare provider information; and pertinent clinical information).

11. Keep the preserved specimen at room temperature or refrigerated (2-8ºC). It is recommended to return the specimen to the laboratory as soon as possible after collection.

Minimum Specimen Volume: 4 mL

Reference:

SurePath Collection Poster BD 2014, 980-0566-00 REV E 09/14