

HUMAN PAPILLOMAVIRUS (HPV)-DNA COLLECTION IN SUREPATH – ANAL/RECTAL SAMPLE

NOTE:
HPV TESTING IS NOT FUNDED BY MOHLTC
Patient payment of \$95.00 is required

Specimen Anatomic Source

Anal/rectal collected as Pap in SurePath preservative. Other preservatives will not be accepted.

NOTE:

Anal/rectal HPV test can be ordered at the patient's request, on the same anal/rectal Pap sample that was submitted within 30 days of collection. Filled requisition can be faxed to Cytology Customer Service at Fax: 416-213-4161

For HPV Cervical/Endocervical refer to:

[www.lifelabs.com/healthcare-providers/requisition & collection instructions](http://www.lifelabs.com/healthcare-providers/requisition&collectioninstructions)



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
- It is recommended that the specimen container also be labeled with specimen source (for non-gynecologic samples)

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

Specimen Collection & Handling Instructions



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 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. Date of collection. Site and specimen collection method (e.g. Dacron swab).
Provide any pertinent clinical information if anal/rectal Pap is also requested
5. Select the type of HPV testing to be performed.
6. The specimen collection date.
7. Sign to authorize the request.
8. Inform the patient the laboratory will require payment for HPV testing and ask the patient to sign the requisition.

Missing physician and patient signatures will delay processing the request.

Specimen Collection & Handling Instructions

CYTOLOGY & HPV TESTING REQUISITION		CLEAR FORM
<div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>Requesting Clinician/Practitioner</p> <p>Name 1</p> <p>Address</p> <p>Clinician/Practitioner Billing Number</p> </div> <div style="width: 55%; background-color: #e0e0ff; padding: 5px;"> <p>Laboratory Use Only</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>Copy to Clinician(s)/Practitioner(s) (fill in all fields):</p> <p>Name 2</p> <p>Billing #</p> <p>Address</p> </div> <div style="width: 55%;"> <p>Clinician/Practitioner Phone Number 3</p> <p>Health Card Number (HCN) 3</p> <p>Province 3</p> <p>Other Province's Registration Number</p> <p>Patient Last Name (as per Health Card)</p> <p>Patient First Name & Middle Names (as per Health Card)</p> <p>Patient Address (including postal code)</p> </div> </div>		<p>Patient Chart Number</p> <p>Date of Birth YYYY MM DD</p> <p>Sex <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Patient Phone Number</p>
GYNECOLOGIC CYTOLOGY (PAP TEST)		
<p>Clinical Indication (check one):</p> <p><input type="checkbox"/> Pap screening according to Ontario Cervical Screening Guidelines</p> <p><input type="checkbox"/> Pap for follow-up of a previous abnormal test result (specify below)</p> <p><input type="checkbox"/> Pap during colposcopic exam</p> <p><input type="checkbox"/> Patient Pay (none of the above; the patient has been informed that payment to LifeLabs is required.)</p> <p>Specimen Collection Date: YYYY MM DD 4</p> <p>Last Menstrual Period (first day): YYYY MM DD</p> <p>Site: <input type="checkbox"/> Cervical/Endocervical <input type="checkbox"/> Vaginal <input type="checkbox"/> Other (specify below)</p> <p>Cervix: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (specify below in Clinical History/Remarks)</p> <p>Clinical Status:</p> <p><input type="checkbox"/> Pregnancy <input type="checkbox"/> Post Partum</p> <p><input type="checkbox"/> Post Menopausal <input type="checkbox"/> Post Menopausal Bleeding</p> <p><input type="checkbox"/> IUD <input type="checkbox"/> Hormone Replacement Therapy</p> <p><input type="checkbox"/> Irradiation <input type="checkbox"/> Other (specify below in Clinical History/Remarks)</p> <p>Hysterectomy: <input type="checkbox"/> Sub-total (cervix present) <input type="checkbox"/> Total (no cervix)</p>		
<p>NON-GYNECOLOGIC CYTOLOGY</p> <p><input type="checkbox"/> OHIP/Insured <input type="checkbox"/> Third Party/Uninsured <input type="checkbox"/> WSIB</p> <p>Specimen Collection Date: YYYY MM DD</p> <p># of Specimens Submitted _____ # of Slides Submitted _____</p> <p>Urine: <input type="checkbox"/> Voided <input type="checkbox"/> Catheterized <input type="checkbox"/> Bladder Wash</p> <p>Respiratory: <input type="checkbox"/> Sputum <input type="checkbox"/> Bronchial Brush <input type="checkbox"/> Bronchial Wash</p> <p>Site/Side (if applicable): _____</p> <p>Fluids: <input type="checkbox"/> Pleural <input type="checkbox"/> Peritoneal <input type="checkbox"/> CSF</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>Site/Side (if applicable): _____</p> <p>Thyroid: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Cyst <input type="checkbox"/> Nodule <input type="checkbox"/> Single <input type="checkbox"/> Multiple</p> <p>Breast: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Cyst fluid <input type="checkbox"/> FNA of Mass <input type="checkbox"/> Nipple Discharge</p> <p>Fine Needle Aspiration Biopsy: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Kidney <input type="checkbox"/> Salivary Gland <input type="checkbox"/> Lung <input type="checkbox"/> Liver <input type="checkbox"/> Lymph Node (specify) <input type="checkbox"/> Pancreas</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>Other Site (specify) _____</p>		
<p>Clinical History/Remarks:</p> <p style="text-align: center; font-style: italic;">Inadequate clinical information may hinder diagnosis. For accurate and timely cytologic diagnosis, provide all information required.</p>		
HPV TESTING		
<p>HPV testing can be ordered, at the patient's request, on the same sample that is submitted for a Pap test</p> <p>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.</p> <p>HPV testing is not currently funded by MOHLTC (but private health insurance plans may cover some of the cost)</p> <p>An invoice of \$95.00 will be sent to the patient with instruction on how to make payment (patient address must be provided)</p>		
<p><input type="checkbox"/> Reflex test to be done only if ASCUS</p> <p><input type="checkbox"/> HPV co-testing on the same Surepath sample</p> <p><input type="checkbox"/> HPV co-testing only (No reflex test to be performed on this Surepath sample)</p> <p>Specimen Collection Date: YYYY MM DD 6 7</p> <p>Physician signature: 5 7</p>		<p>By signing I acknowledge that a payment of \$95.00 to LifeLabs is required for the HPV test</p> <p>Patient signature: 8</p>

For Inquires, contact LifeLabs Customer Care Centre 1-877-849-3637

Specimen Collection & Handling Instructions

Specimen Handling and Transportation:

- Each specimen must be placed into a polybag.
- A completed Cytology & HPV Testing 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.

Collection Kit Information:

Kit components are ordered separately:

1. Liquid based collection vial with 10mL of cytology preservative (BD SurePath™ Preservative Fluid)
2. Polybag
3. Cytology requisition (item # 10136378)
4. Dacron swab (for Dacron swab contact the LifeLabs Cytology Customer Service at 1-877-849-3637 ext 46802) Pap Brush (item # 10092169).



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.

Specimen Collection & Handling Instructions

Patient Preparation for Anal Pap:

NOTE: Patient should not douche or have an enema or insert anything into their anus for 24 hours prior to an anal cytology exam.

Collection Instructions:

NOTE: A Dacron swab is the recommended collection device for Anal Paps. It is important not to use a cotton swab, as cells tend to cling to cotton and do not release easily into cytology collection fluids. **Dacron swabs must be moistened with water, not lubricant.**

Lubricants should not be used prior to obtaining a cytology sample because the lubricant may interfere with the processing and interpretation of the sample.

Collection Procedure:

1. Obtain the sample with the patient lying on their left side.
2. Retract the buttocks to visualize the anal opening and insert a moistened Dacron swab approximately 1.5 to 2 inches into the anus, feeling it pass through the internal sphincter to ensure that the sample is obtained from the junction of the anus and rectum, where most of the HPV-related lesions are found. This area is slightly above the region that corresponds anatomically to the dentate line.
3. Rotate 360 degrees applying a firm lateral pressure to the end of the swab, such that it is bowed slightly and then slowly withdraw over a period of 15 to 30 seconds from the anus, continuing to rotate the swab in a circular fashion. The lateral pressure ensures that the mucosal surface, rather than rectal contents are sampled.
4. Place the swab in a SurePath vial and vigorously agitate to disperse the cells for liquid based cytology.
5. Discard the swab.
6. Screw the cap on the specimen container and securely tighten.

REFERENCE: <https://analcancerinfo.ucsf.edu/obtaining-specimen-anal-cytology>

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