ANAL-RECTAL PAP (OR PLUS HPV) SAMPLE IN THINPREP COLLECTION

>>> Specimen Anatomic Source

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

For Anal/Rectal Pap- use the Non Gynecologic Cytology requisition

For Anal/Rectal Pap +HPV- use Gynecologic Cytology and HPV (Non OCSP) requisition

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 specimen containers/specimens 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/specimen labeling options are:

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

ANAL-RECTAL PAP (OR PLUS HPV) SAMPLE IN THINPREP COLLECTION

>>> ## Cytology Requisition Information:

All specimens must be submitted for testing with a completed requisition. The following information must be provided in a **legible format**:

A. ANAL/RECTAL PAP ONLY (Non Gynecologic Cytology requisition)

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
4. Date of collection. Site and specimen collection method (e.g., Dacron swab).
   Provide any pertinent clinical information.

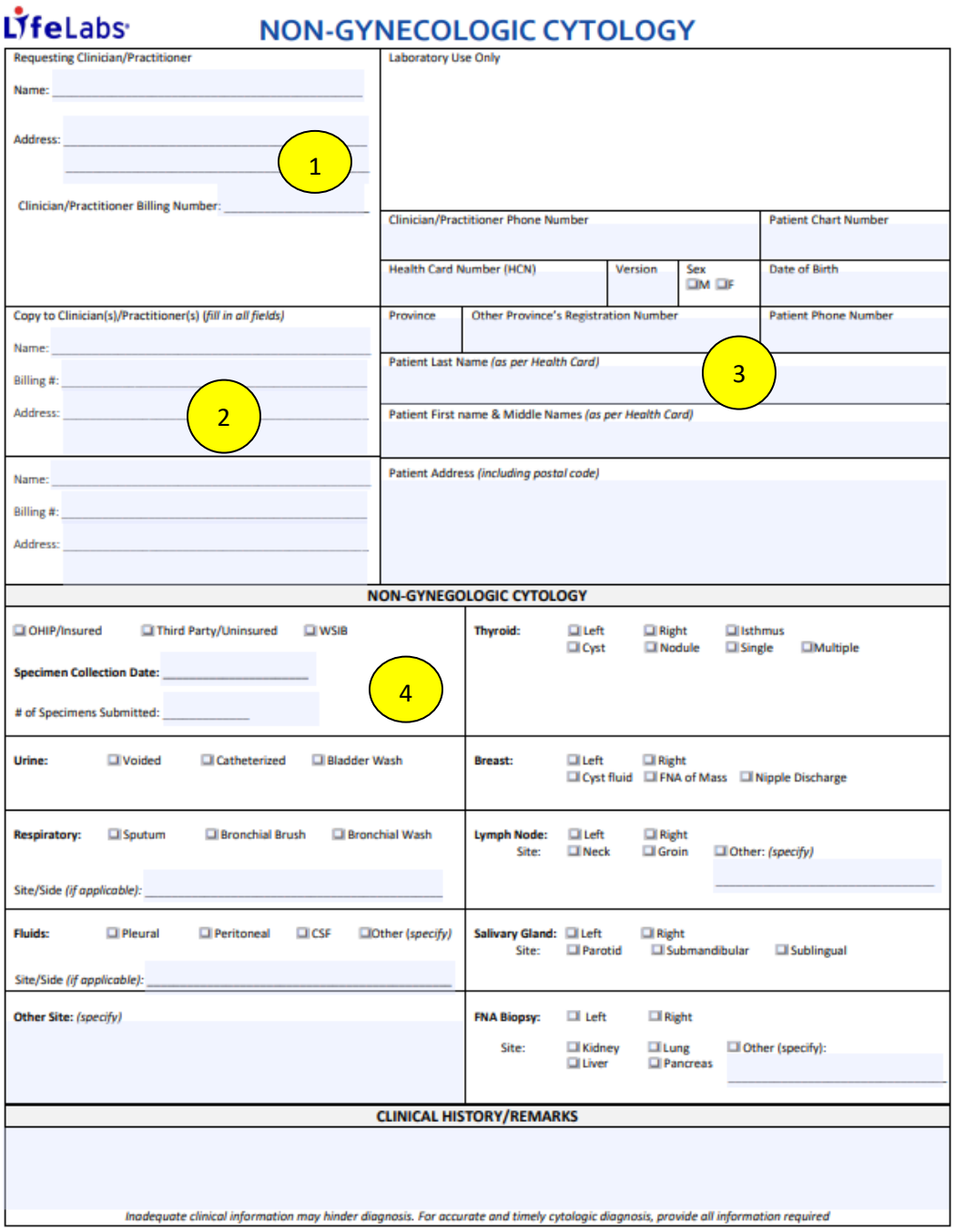
B ANAL/RECTAL PAP + HPV (Gynecologic Cytology and HPV (Non OCSP) requisition)

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
4. Date of collection. Site and specimen collection method (e.g., Dacron swab).
   Provide any pertinent clinical information.
5. Write in the Clinical History/Remarks field the requested test: Anal/Rectal Pap+ HPV
6. Sign to authorize the request, inform the patient the laboratory will require payment for HPV testing and ask the patient to sign the requisition.

Missing physician signature will delay processing of the request.

ANAL-RECTAL PAP (OR PLUS HPV) SAMPLE IN THINPREP COLLECTION

>>>



LifeLabs

NON-GYNECOLOGIC CYTOLOGY

Requesting Clinician/Practitioner

Name: _____

Address: _____

_____

Clinician/Practitioner Billing Number: _____

1

Laboratory Use Only

Clinician/Practitioner Phone Number

Patient Chart Number

Health Card Number (HCN) | Version | Sex ☐M ☐F | Date of Birth

Copy to Clinician(s)/Practitioner(s) *(fill in all fields)*

Name: _____

Billing #: _____

Address: _____

2

Province | Other Province's Registration Number | Patient Phone Number

Patient Last Name *(as per Health Card)*

3

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

Name: _____

Billing #: _____

Address: _____

Patient Address *(including postal code)*

NON-GYNEGOLOGIC CYTOLOGY

☐ OHIP/Insured ☐ Third Party/Uninsured ☐ WSIB

Specimen Collection Date: _____

# of Specimens Submitted: _____

4

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

Urine: ☐ Voided ☐ Catheterized ☐ Bladder Wash

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

Respiratory: ☐ Sputum ☐ Bronchial Brush ☐ Bronchial Wash

Site/Side *(if applicable)*: _____

Lymph Node: ☐ Left ☐ Right
Site: ☐ Neck ☐ Groin ☐ Other: *(specify)* _____

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

Site/Side *(if applicable)*: _____

Salivary Gland: ☐ Left ☐ Right
Site: ☐ Parotid ☐ Submandibular ☐ Sublingual

Other Site: *(specify)*

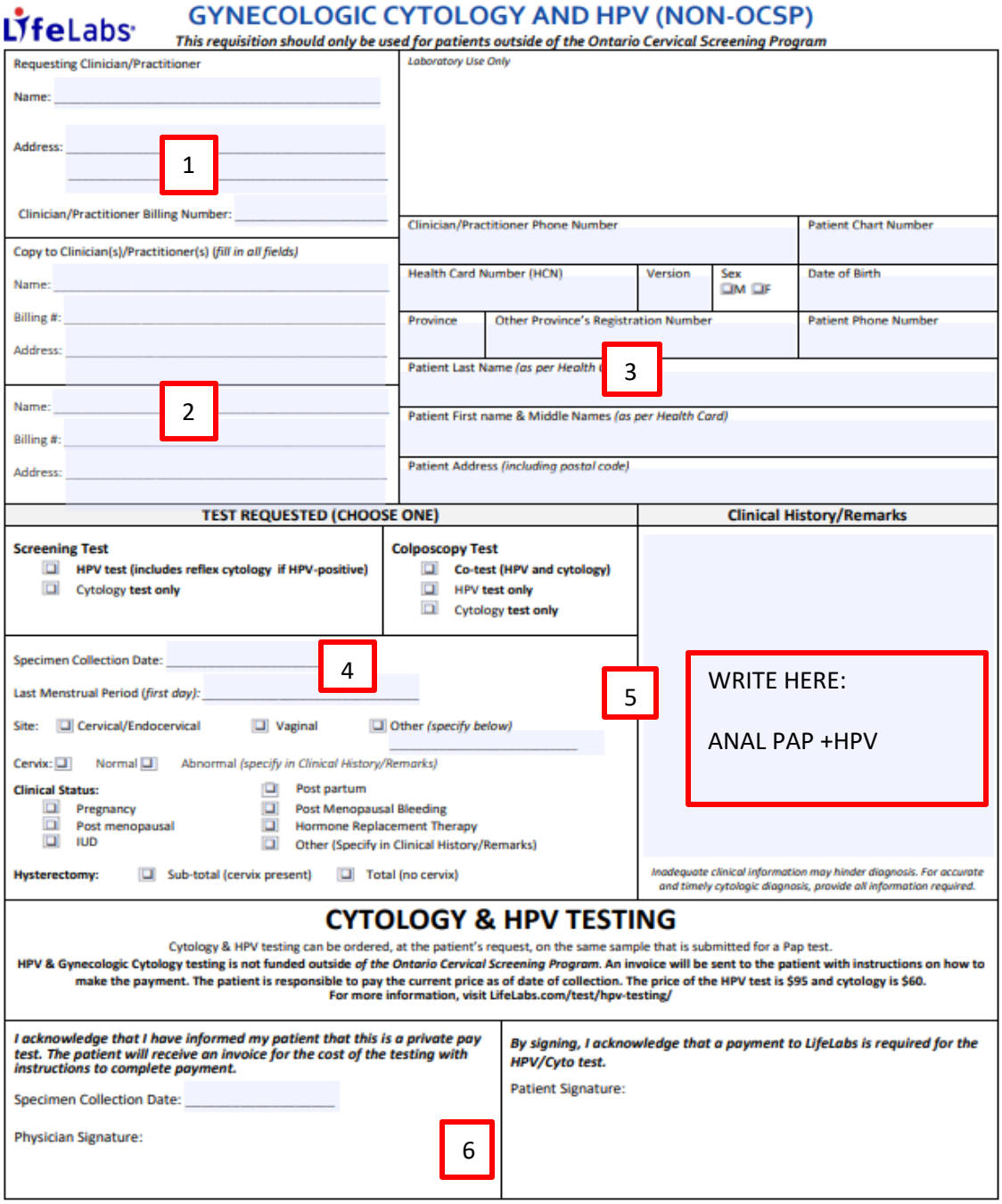
FNA Biopsy: ☐ Left ☐ Right
Site: ☐ Kidney ☐ Lung ☐ Other (specify): _____ ☐ Liver ☐ Pancreas

CLINICAL HISTORY/REMARKS

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

ANAL-RECTAL PAP (OR PLUS HPV) SAMPLE IN THINPREP COLLECTION

>>>



LifeLabs

GYNECOLOGIC CYTOLOGY AND HPV (NON-OCSP)

This requisition should only be used for patients outside of the Ontario Cervical Screening Program

Requesting Clinician/Practitioner

Name: _____

Address: _____

_____

Clinician/Practitioner Billing Number: _____

1

Laboratory Use Only

Clinician/Practitioner Phone Number | Patient Chart Number

Copy to Clinician(s)/Practitioner(s) *(fill in all fields)*

Name: _____

Billing #: _____

Address: _____

Health Card Number (HCN) | Version | Sex ☐M ☐F | Date of Birth

Province | Other Province's Registration Number | Patient Phone Number

2

Name: _____

Billing #: _____

Address: _____

3

Patient Last Name *(as per Health Card)*

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

Patient Address *(including postal code)*

TEST REQUESTED (CHOOSE ONE)

Screening Test
- ☐ **HPV test (includes reflex cytology if HPV-positive)**
- ☐ Cytology **test only**

Colposcopy Test
- ☐ **Co-test (HPV and cytology)**
- ☐ HPV **test only**
- ☐ Cytology **test only**

Clinical History/Remarks

Specimen Collection Date: _____

4

Last Menstrual Period *(first day)*: _____

5

WRITE HERE:

ANAL PAP +HPV

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

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

Clinical Status:
- ☐ Pregnancy
- ☐ Post menopausal
- ☐ IUD
- ☐ Post partum
- ☐ Post Menopausal Bleeding
- ☐ Hormone Replacement Therapy
- ☐ Other (Specify in Clinical History/Remarks)

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

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

CYTOLOGY & HPV TESTING

Cytology & HPV testing can be ordered, at the patient's request, on the same sample that is submitted for a Pap test.

HPV & Gynecologic Cytology testing is not funded outside *of the Ontario Cervical Screening Program*. An invoice will be sent to the patient with instructions on how to make the payment. The patient is responsible to pay the current price as of date of collection. The price of the HPV test is $95 and cytology is $60.
For more information, visit LifeLabs.com/test/hpv-testing/

I acknowledge that I have informed my patient that this is a private pay test. The patient will receive an invoice for the cost of the testing with instructions to complete payment.

Specimen Collection Date: _____

Physician Signature:

6

By signing, I acknowledge that a payment to LifeLabs is required for the HPV/Cyto test.

Patient Signature:

ANAL-RECTAL PAP (OR PLUS HPV) SAMPLE IN THINPREP COLLECTION

Specimen Handling and Transportation:

- Each specimen must be placed into a polybag.
- A completed requisition 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:

>>>  **CAUTION:** ThinPrep® Preservative Fluid is a methanol based, buffered preservative solution. Do not ingest. May cause intoxication, Central Nervous System depression, nausea and dizziness. May damage liver, kidneys and nervous system. May cause blindness and/or death. Never give anything by mouth to an unconscious person. If inhaled, may cause depression of central nervous system resulting in nausea, weakness, drowsiness and possibly blindness. Flammable; keep away from heat, sparks & open flame. Avoid contact with eyes.

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/rectal 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.

ANAL-RECTAL PAP (OR PLUS HPV) SAMPLE IN THINPREP COLLECTION

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° 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 ThinPrep 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://ancre.ucsf.edu/