MAYO CLINIC
Mayo Medical Laboratories

# Test Definition: 80184

Cervical Papanicolaou Smear, Diagnostic without Physician Interpretation

**Reporting Title:** Pap Smear, Diagnost w/o Phys Interp
**Performing Location:** Rochester

## Specimen Requirements:

Container/Tube: Glass slide
Specimen Volume: Circular scrape of cervical os
Collection Instructions: Label slide with patient's first and last names and identification number (required), and fix immediately in 95% alcohol or treat with commercially available spray fixative.
Additional Information:
1. Patient's age or date of birth, source (cervical, endocervical, or vaginal), and name of ordering physician is required.
2. Submit any pertinent clinical information, including date of last menstrual period.
3. For optimal interpretation, Pap smears should be collected near the middle of the menstrual cycle.
4. This test is available only to Mayo Rochester and the Mayo Health Systems Clinics. All other Mayo Medical Laboratories clients need prior laboratory approval.

| Specimen Type | Temperature | Time |
|---|---|---|
| Cervical | Ambient (preferred) | |
| | Refrigerated | |

## Ask at Order Entry (AOE) Questions:

| Test ID | Question ID | Description | Type | Reportable |
|---|---|---|---|---|
| 80184 | Q0000048 | Pap smear source?:<br>• Cervical<br>• Endocervical<br>• Vaginal | Answer List | No |
| 80184 | Q0000050 | Date of Last Menstrual Period (LMP) | Plain Text | No |
| 80184 | Q0000031 | Clinical history? | Plain Text | No |
| 80184 | Q0000052 | Does name on specimen match name entered?:<br>• Yes<br>• No | Answer List | No |

## Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|---|---|---|---|---|
| 18763 | Accession Number | | | N/A |
| 18764 | Final Diagnosis: | | | 34574-4 |

| Result ID | Reporting Name | Type | Unit | LOINC® |
|---|---|---|---|---|
| 18765 | Cytotechnologist: | | | N/A |
| 18766 | Revision Description: | | | N/A |
| 18767 | Signing Pathologist: | | | 19139-5 |
| 19188 | Specimen Description:<br>**Also used by tests: 82037, 82039, 8032, 80199, 83343, 83342, 9230** | | | 33511-7 |
| 18768 | Special Procedures: | | | N/A |
| 18769 | SP Signing Pathologist: | | | N/A |
| 18770 | *Previous Report Follows* | | | N/A |
| 18771 | Valproic Acid, Tot, S | Numeric | mcg/mL | 35265-8 |
| 19191 | Addendum Comment:<br>**Also used by tests: 5361, 5468, 82039, 4993, 82037, 8041, 5362, 5368, 9354, 9230, 4339, 83343, 9273, 83342, 5439, LCMS, 80199, 8032, 5434** | Alphanumeric | | 22638-1 |
| 18772 | Addendum Pathologist: | | | 19139-5 |

**CPT Code:** 1 × 88164

## Reference Values:

Satisfactory for evaluation. Negative for intraepithelial lesion.
Note: Abnormal results will be reviewed by a physician at an additional charge.