Reporting Title: ThinPrep Scrn, w/o Phys Interp
Performing Location: Rochester

Specimen Requirements:

This test is available only to Mayo Clinic Rochester and the Mayo Health System clinics. All other Mayo Medical Laboratories' clients need prior laboratory approval.

For optimal interpretation, Pap smears should be collected near the middle of the menstrual cycle. Avoid douching, lubricant use, and sexual intercourse for 24 hours prior to specimen collection.

Only 1 aliquot may be removed from PreservCyt sample vial prior to performing the ThinPrep Pap test, regardless of the volume of the aliquot (maximum aliquot volume: 4 mL).

An acceptable cytology request form must accompany specimen containers and include the following: patient's name, medical record number, date of birth, sex, source (exact location and procedure used), date specimen was taken, name of ordering physician and pager number. Submit any pertinent history or clinical information.

Submit only 1 of the following specimens:

Broom Collection Device
Specimen Type: Cervical
Collection Container/Tube: Cervix broom (Supply T056)
Submission Container/Tube: PreservCyt solution vial
Collection Instructions:
1. Collect specimen from cervix.
2. Rinse broom in PreservCyt solution vial by pushing broom into bottom of vial 10 times forcing bristles apart.
3. As final step, swirl broom vigorously to further release material. Discard device.
4. Tighten cap on vial.
5. Specimen vial must be labeled with a minimum of 2 unique identifiers (patient's name and medical record number or date of birth).

Endocervical Brush/Spatula Collection Device
Specimen Type: Ectocervix and endocervix
Collection Container/Tube: Plastic spatula and cytobrush (Supply T434)
Submission Container/Tube: PreservCyt solution vial
Collection Instructions:
1. Collect specimen from ectocervix and endocervix.
2. Rinse spatula in PreservCyt solution by swirling spatula vigorously into vial 10 times. Discard spatula.
3. Next, obtain specimen from endocervix using cytobrush.
4. Rinse brush in PreservCyt vial by rotating brush 10 times while pushing against side of vial.
5. Swirl brush vigorously as final step to further release material. Discard brush.
6. Tighten cap on vial.
7. Specimen vial must be labeled with a minimum of 2 unique identifiers (patient's name and medical record number or date of birth).

Specimen Type	Temperature	Time
Cervical	Ambient (preferred)	
	Refrigerated	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
82037	Q0000048	Pap smear source?: • Cervical • Endocervical • Vaginal	Answer List	No
82037	Q0000050	Date of Last Menstrual Period (LMP)	Plain Text	No
82037	Q0000031	Clinical history?	Plain Text	No
82037	Q0000052	Does name on specimen match name entered?: • Yes • No	Answer List	No
82037	Q0000025	Contact physician name?	Plain Text	No

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
19055	Accession Number			N/A
19056	Final Diagnosis			22637-3
19057	Cytotechnologist			N/A
19058	Revision Description			N/A
19059	Signing Pathologist			19139-5
19188	Specimen Description: **Also used by tests: 83342, 8032, 82039, 80199, 80184, 83343, 9230**			33511-7
19060	*Previous Report Follows*			N/A
19061	Addendum			35265-8
19191	Addendum Comment: **Also used by tests: LCMS, 5468, 5368, 80184, 9273, 9354, 9230, 82039, 4993, 8041, 8032, 83343, 83342, 5439, 5361, 5362, 80199, 4339, 5434**	Alphanumeric		22638-1

Test Definition: 82037

ThinPrep Screen, Without Physician Interpretation

CPT Code: 1 × 88142

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
82100	Phys Interp of ThinPrep, PAP	1	G0124	No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
82100	82100	Phys Interp of ThinPrep, PAP			N/A

Reference Values:

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