Reporting Title: ThinPrep Screen with HPV Reflex
Performing Location: Rochester

Specimen Requirements:

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.

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

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

Submit only 1 of the following specimens:

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

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

Specimen Type	Temperature	Time

Cervical	Ambient (preferred)
	Refrigerated

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
83342	Q0000048	Pap smear source?: • Cervical • Endocervical • Vaginal	Answer List	No
83342	Q0000050	Date of Last Menstrual Period (LMP)	Plain Text	No
83342	Q0000031	Clinical history?	Plain Text	No
83342	Q0000052	Does name on specimen match name entered?: • Yes • No	Answer List	No
83342	Q0000025	Contact physician name?	Plain Text	No

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
19172	Accession Number			N/A
19173	Final Diagnosis			22637-3
19174	Cytotechnologist			N/A
19175	Revision Description			N/A
19176	Signing Pathologist			19139-5
19188	Specimen Description: **Also used by tests: 82039, 8032, 80199, 80184, 83343, 82037, 9230**			33511-7
19177	*Previous Report Follows*			N/A
19178	Addendum			35265-8
19191	Addendum Comment: **Also used by tests: 5468, 82037, 5361, 5368, 9273, 4993, 9354, 4339, 9230, 8041, 83343, 80184, 5439, LCMS, 8032, 82039, 80199, 5434, 5362**	Alphanumeric		22638-1

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
19167	High Risk HPV DNA Detection	1	87621	No	Yes (order #83344)

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 or malignancy.
Note: Abnormal results will be reviewed by a pathologist at an additional charge.