

COLLECTING LIQUID BASED PAPS

Synonyms: AutoCyte Pap, SurePath Pap, Cytyc Pap, ThinPrep Pap, or Liquid Based Pap

Unit Code: 713(AutoCyte), 714(Cytyc), 720 GA HD TP w/ Imager

Methodology: Monolayer slide preparation; slides are screened by Cytotechnologist and/or Pathologist, when indicated. ThinPrep slides are initially screened using Cytyc's Imaging System.

Performed: Monday-Friday, excluding legal and national holidays.

Turnaround Time: Routine: <2 working days, STAT, as required.

Tests and sampling protocols are proprietary and performed according to the type of specimen submitted.

Collection and Transportation: In general, the ideal time to perform a pap smear is greater than twelve days after the last menstrual period and twenty-four hours or more after douching. **If re-collecting a pap allow 5 weeks between samples to promote repopulation of any abnormal cells.**

The proper technique for a liquid based pap using the broom, scrape and cytobrush and/or swab is as follows:

- Insert the speculum, which may be moistened with water or saline if necessary. **Traditionally, no other lubricants are recommended since they plug the filter and may produce an unsatisfactory smear. Cytyc recommends that only K-Y Lubricating Jelly be used, only if necessary and then sparingly, along the sides of the speculum avoiding the tip.** If on visual inspection, the cervix is coated with excessive mucus, inflammatory debris, blood, or other contaminants – start by lightly dabbing the surface with a saline moisten 4x4 or swab to remove obscuring substances that will make specimen unsatisfactory for interpretation without disturbing the diagnostic (exfoliated) cells present on the surface epithelium.
- Using the Endocervical Brush/Spatula for collecting a ThinPrep Pap – Obtain an adequate sampling from the ectocervix using a plastic spatula. Rinse the spatula as quickly as possible into the PreservCyt Solution vial by swirling the spatula vigorously in the vial 10 times. Next insert the endocervical brush into the cervix until only the bottom most fibers are exposed. Slowly rotate ¼ to ½ turn in one direction. Remove and rinse the brush in the PreservCyt Solution by rotating the device in the solution 10 times while pushing against the vial wall. Finally, swirl the brush vigorously to further release material then discard.
- Using the broom, insert the long central bristles into the endocervical canal deep enough to allow the shorter bristles to flare out and make contact with the ectocervix. Maintain a gentle pressure (enough to show a slight blanching effect) and rotate the broom in a clock wise direction five times. Remove and for:

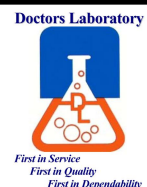
ThinPrep - rinse the broom into the PreservCyt Solution by pushing the broom into the bottom of the vial 10 times. Finally swirl the broom vigorously to further release material then discard.

SurePath – Place your thumb against the back of the brush pad and disconnect entire broom head from the stem into the SurePath preservative vial.

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If an accurate hormonal assessment is necessary (MI) then a lateral vaginal wall scraping should be submitted separately.

Special Instruction:

The requisition should be properly filled out with the following information included:

- Include the Patient's complete name on the requisition and specimen container.
- Patient's age and/or date of birth, and date of last menstrual period (LMP).
- ICD-9 codes with pertinent clinical information such as: cervical lesion, or suspicious for Herpes, known diagnosis such as: previous abnormal Pap smear or biopsy, and relevant treatment such as: cryosurgery, chemotherapy or radiation.
- Special circumstances include: pregnancy, post partum, menopause, hormone replacement, or birth control.

Causes for rejection of specimen or limited reports:

- Incomplete and/or improper labeling
- Insufficient pertinent clinical history
- Obscuring substances: blood, inflammation, or debris.
- Insufficient sampling (Scant Cellularity)

Remember: The more information you give to the laboratory, the better we can serve you and your patients.

CPT Code: 88142 or 88175 with possible 88141

Significance and Interpretation: Detection of pre-cancerous and cancerous cells on the cervix, endocervix; and sometimes endometrial abnormalities. Rarely extrauterine malignancies can be detected. Certain types of infectious organisms can be identified.

Reference: TriPath and Cytoc Specimen Collection Protocols