

## **LAB5 Cervical/Vaginal Cytology (ThinPrep® Pap Test™)**

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BMC

### **Performing Location(s)**

BMC

### **Specimen Type**

Endocervical Brush/Spatula Broom-Like Device

### **Preferred Container**

PreservCyt Sample Vial (can be obtained from the laboratory at ext. 3716)

### **Causes for Rejection**

Mislabeled or unlabeled specimen

### **Reference Values**

#### **REPORTING OF PAP SMEAR RESULTS**

All pap smears will be reported using a modified Bethesda system and descriptive terminology. Basic categories include:

Unsatisfactory (recommend repeat pap smear if clinically indicated)

Within normal limits

Benign cellular changes including inflammation and non-viral infections (recommend repeat pap smear in 6 to 12 months if clinically indicated)

Reparative and atypical smears (recommend repeat pap smear in 3 to 6 months or gyn consultation in high risk patients)

Low grade and high grade squamous intraepithelial lesions and suspicious or malignant diagnoses (recommend gyn consultation)

All abnormal smears are reviewed by a pathologist.

#### **ABNORMAL REPORT FOLLOW UP**

Approximately six months after a High grade lesion or positive report is sent out, the provider will receive a form requesting follow up on the given patient. It is the provider's responsibility to complete the form, regarding patient notification and treatment. Please return it to the laboratory. Regulations require the laboratory to retrieve this information for quality assurance purposes.

### **Limitations**

Gynecologic samples collected for preparation using the ThinPrep 2000 System should be collected using a broom-type or endocervical brush/plastic spatula combination collection devices.

Supplies used in the ThinPrep 2000 System are those designed and supplied by Cytyc Corporation specifically for the ThinPrep 2000 System. These supplies are required for proper performance of the system and cannot be substituted.

The storage limit for cells in PreservCyt is 30 days at 15 to 30°C.

**Additional Information****Other Requirements:**

A completed cytology requisition is required, including menstrual history, last pap results, and history of dysplasia or cancer. Medicare patients require a signed ABN.

**Additional Information:**

Human Papilloma Virus for patients >21 years testing may be performed from the thin prep Pap test specimen sample within 30 days of collection. Request HPV testing, on the cytology requisition. The Pap test will be performed at Bassett. The HPV test will be performed at Bassett Medical Center.

Pap tests are evaluated with the assistance of the Hologic Imaging System Compliance Requirements: Medicare patients require a signed ABN waiver if their last pap smear was less than 3 years ago.

Indicate patient status on the requisition using the following guidelines:

High risk: Patients with greater than 5 sexual partners in a lifetime, history of a sexually transmitted disease, fewer than 3 negative pap smears in the previous 7 years, or whose mother took DES during the pregnancy.

Diagnostic: Patient has a past history of a gynecologic cancer, a previous abnormal pap, any abnormal finding, patient complaint, or signs or symptoms referable to the female reproductive system

Routine: Patient has no risk factors and if a Medicare patient, has not had a pap smear in the preceding 3 years.

**Available STAT**

Yes

**CPT Code**

Diagnostic: 88142, 88142, 88141 Screening: G0124, G0143m 88141