

Overview

Useful For

Screening for cervical carcinoma and a number of infections of the female genital tract including human papillomavirus, herpes, *Candida*, and *Trichomonas*

Reflex Tests

Test Id	Reporting Name	Available Separately	Always Performed
CVSPC	Physician Interp Conventional	No	No

Testing Algorithm

If Papanicolaou results are abnormal, a pathologist will review the case at an additional charge.

Special Instructions

- [Gyn-Cytology Patient Information](#)

Method Name

Light Microscopy

NY State Available

Yes

Specimen

Specimen Type

Varies

Ordering Guidance

Laboratory approval is required prior to ordering cytology testing.

Specimen submitted as endocervical curettage or endocervical brushing need to be ordered as CYTNG / Cytology Non-Gynecologic.

Necessary Information

1. 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.
2. Submit any pertinent clinical information, including date of last menstrual period.

Specimen Required

Patient Preparation: For optimal interpretation, Papanicolaou smears should be collected near the middle of the menstrual cycle. No douching, lubricant use, or sexual intercourse for 24 hours prior to specimen collection.

Container/Tube: Slide

Specimen Volume: Circular scrape of cervical os

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). Containers should also be labeled with specimen source, and date collected.
2. Glass slides may be labeled with a single unique identifier, but 2 identifiers are preferred. If multiple slides are submitted, each slide must have proper identification. Glass slides should be identified with the patient's name and a second patient identifier that is also on the accompanying paperwork (ie, medical record number or date of birth)
3. Fix slides immediately in 95% alcohol or treat with commercially available spray fixative.

Forms

[Gyn-Cytology Patient Information](#) (T601)

Reject Due To

SurePath vial	Reject
---------------	--------

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Ambient (preferred)		SLIDE
	Refrigerated		SLIDE

Clinical & Interpretive**Clinical Information**

Squamous cell carcinoma of the cervix is believed to develop in progressive stages from normal through precancerous (dysplastic, intraepithelial neoplastic, stages II in situ carcinoma, and eventually invasive carcinoma). This sequence is felt to develop over a matter of years in most patients.

The etiology of cervical carcinoma is unknown but the disease is believed to be related to sexual activity and possibly sexually transmitted viral infections such as human papilloma virus.

Most cervical carcinomas and precancerous conditions occur in the transformation zone (squamo-columnar junction), therefore, this area needs to be sampled if optimum results are to be obtained.

Reference Values

Satisfactory for evaluation

Negative for intraepithelial lesion or malignancy

Note: Abnormal results will be reviewed by a physician at an additional charge.

Interpretation

Standard reporting, as defined by the Bethesda System (TBS) is utilized.

Cautions

If endocervical cells have not been obtained (less than optimal smears) the results may be unreliable.

There is a false-negative rate of 10% to 20% in the presence of cervical intraepithelial neoplasia or invasive squamous cell carcinoma.

The Papanicolaou test is unreliable for endometrial carcinoma (at least 50% false-negative rate).

Clinical Reference

1. Wright TC Jr, Cox JT, Massad LS, et al: ASCCP-Sponsored Consensus Conference. 2001 Consensus Guidelines for the management of women with cervical cytological abnormalities. JAMA 2002 April;287(16):2120-2129
2. Solomon D, Davey D, Kurman R, et al: The 2001 Bethesda System: terminology for reporting results of cervical cytology-Consensus Statement. JAMA 2002 April;287(16):2114-2119

Performance**Method Description**

Papanicolaou-stained slides are microscopically examined by a cytotechnologist. Abnormal findings are reviewed and reported by a pathologist (charged separately).(Unpublished Mayo method)

PDF Report

No

Day(s) Performed

Monday through Friday

Report Available

2 to 5 days

Specimen Retention Time

5 years

Performing Laboratory Location

Mayo Clinic Laboratories - Rochester Main Campus

Fees & Codes**Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.

- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

Test Classification

This test has been cleared, approved, or is exempt by the US Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

CPT Code Information

P3000
88164
88141-CVSPC (if appropriate)

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
CPAPS	Conventional Smear-Screen	In Process

Result ID	Test Result Name	Result LOINC® Value
71301	Interpretation	59465-5
71302	Participated in the Interpretation	19768-1
71303	Report electronically signed by	19139-5
71304	Addendum	35265-8
71305	Gross Description	22634-0
CY032	Pap Test Source	19763-2
CY033	Clinical History	22636-5
CY034	Menstrual Status (LMP, PM, Pregnant)	8678-5
CY035	Hormone Therapy/Contraceptives	8659-5
71572	Disclaimer	62364-5
71818	Case Number	80398-1