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## CONVENTIONAL PAP SMEAR

### *Synonyms*

- *Traditional Pap smear*

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### **Test Information:**

Conventional Pap smears are prepared by the provider by smearing the collection device on a glass slide labeled with the patient's name. Good collection techniques and immediately fixation are important in providing good quality specimens for evaluation by the laboratory. Some causes of less than optimal and/or unsatisfactory specimens are thick smears, excessive mucus, blood, inflammation, poor fixation, or improper use of lubricant.

**Test Code:** 9000 / **CPT Code:** 88164

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### **Notes:**

1. If you use lubricant, do not use an excessive amount. Avoid contaminating the sample site.
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### **Supplies:**

1. Glass Slides
  2. Spray Fixative
  3. Collection Device(s)
    - Endocervical Brush & Plastic Spatula (preferred method)
    - Broom (alternate method)
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### **Collection:**

#### *Brush/Spatula Method (preferred)*

1. Label end of a glass slide with patient's name.
2. Scrape whole circumference of the ectocervix with a plastic spatula.
3. Spread the material quickly and evenly onto the glass slide.
4. Fix immediately with spray-fixative.
5. Obtain an adequate sampling from the endocervix using an endocervical brush.
  - Insert the brush into the cervix until only the bottom-most fibers are exposed.
  - Slowly rotate  $\frac{1}{4}$  or  $\frac{1}{2}$  turn in one direction – do not over-rotate.
6. Gently roll the brush across the slide (do not rub the brush back and forth).
7. Fix immediately with spray-fixative.

#### *Broom Method*

1. Label end of a glass slide with patient's name.
2. Obtain an adequate sampling from the cervix using a broom-like device.
  - Insert the central bristles of the broom into the endocervical canal deep enough to allow the shorter bristles to fully contact the ectocervix.
  - Push gently, and rotate the broom in a clockwise direction 5 times.
3. Transfer the sample to the glass slide with a single paint-stroke action.
  - Apply first one side of the bristles.
  - Turn brush over.
  - Then paint the slide again in exactly the same area.
4. Fix immediately with spray-fixative.

#### *Record Patient Information*

1. Record patient's identification on the requisition card.
  - A minimum of two identifiers are needed – pre-printed patient labels are preferred.
  - Insure patient identification on glass slide matches card.
  - For details on filling out requisition cards see "Instructions for Completing GYN Requisition Cards."
2. Place glass slide in slide holder.
3. Place slide holder containing slide and requisition card into a transport bag for delivery to the laboratory.

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**Reasons for Rejection:**

1. Unlabeled or mislabeled glass slide.
  2. Discrepancies between glass slide and requisition.
  3. Specimen sent by unauthorized person.
  4. Glass slide broken beyond repair.
  5. Contaminated requisition (e.g. blood stained).
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**THINPREP PAP TEST****Synonyms**

- *Liquid-based Pap test*
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**Test Information:**

The ThinPrep Pap test is a liquid-based test as opposed to a conventional Pap smear. The ThinPrep Pap test has a number of advantages over a smear. One of these advantages is that certain other tests (i.e. HPV, Chlamydia and Gonorrhea) can be run from the same specimen. Following proper collection procedures will help to ensure that an adequate specimen is collected for interpretation by the laboratory.

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**Test Code:** 9019 / **CPT Code:** 88142

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**Notes:**

1. For best results we recommend using the two-step brush and plastic spatula combination rather than the one-step broom device.
  2. If you need to use lubricant, do not use any with ingredients that contain “carbomers” or “carbopol polymers.” These products will interfere with processing and potential result in an unsatisfactory result.
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**Supplies:**

1. ThinPrep Pap Collection Vial
  2. Collection Device(s)
    - Endocervical Brush & Plastic Spatula (preferred method)
    - Broom (alternate method)
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**Collection:****Brush/Spatula Method (preferred)**

1. Obtain an adequate sampling from the ectocervix using a plastic spatula.
2. Rinse the spatula as quickly as possible into the preservative filled ThinPrep vial.
  - Swirl the spatula vigorously in the vial 10 times.
  - Discard the spatula.
3. Obtain an adequate sampling from the endocervix using an endocervical brush.
  - Insert the brush into the cervix until only the bottom-most fibers are exposed.
  - Slowly rotate  $\frac{1}{4}$  or  $\frac{1}{2}$  turn in one direction – do not over-rotate.
4. Rinse the brush as quickly as possible in the preservative filled ThinPrep vial.
  - Rotate the device 10 times while pushing against the vial wall.
  - Swirl the brush vigorously to further release material.
  - Discard the brush.
5. Tighten the cap so that the black line on the cap passes the black line on the vial.

*Broom Method (alternate)*

1. Obtain and adequate sampling from the cervix using a broom-like device.
  - Insert the central bristles of the broom into the endocervical canal deep enough to allow the shorter bristles to fully contact the ectocervix.
  - Push gently, and rotate the broom in a clockwise direction 5 times.
2. Rinse the broom as quickly as possible into the preservative filled ThinPrep vial.
  - Push the broom into the bottom of the vial 10 times, forcing the bristles apart.
  - Swirl the broom vigorously to further release material.
  - Discard the broom.
3. Tighten the cap so that the black line on the cap passes the black line on the vial.

*Record Patient Information*

1. Record patient's identification on the ThinPrep vial and the requisition card.
  - A minimum of two identifiers are needed – pre-printed patient labels are preferred.
  - Insure patient identification on vial matches card.
  - For details on filling out requisition cards see “Instructions for Completing GYN Requisition Cards.”
2. Place ThinPrep vial and requisition card into a transport bag for delivery to the laboratory.

***Reason for Rejection:***

1. Unlabeled or mislabeled vial.
2. Discrepancies between vial and requisition.
3. Specimen sent by unauthorized person.
4. Empty vial (e.g. leaky vial).
5. Contaminated requisition (e.g. from leaky vial).