

## ANATOMIC PATHOLOGY SERVICE (APS)

### Information Guide: HPV and Cervical Cytology

APS is phasing out the Wet Swab collect from 12 September 2024. Moving forward we will be using the Dry Swab method. To avoid unnecessary waste, please use up your supplies of Wet Swab consumables before transitioning to Dry Swabs for HPV testing.

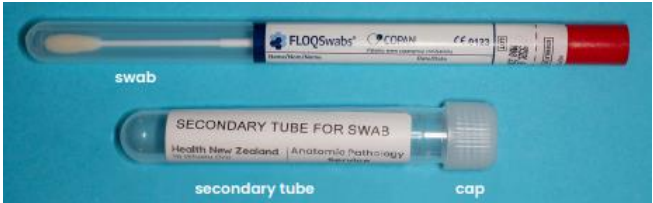

#### CONSUMABLES & SUPPLY ORDERS

#### Community Referrers:

An APS Supply Order pad is available, or download the writable PDF from our website: <https://www.labplus.co.nz/laboratory-services/community-anatomic-pathology-service-aps/> and email to [aps.info@adhb.govt.nz](mailto:aps.info@adhb.govt.nz).

#### Hospital Referrers:

Use FPIM code **377266** to order the new **HPV Swab Collection Kit**.

<p><b>Dry Swab</b></p> <p><b>HPV Swab Collection Kit (NEW)</b></p> <p><i>Kit comes complete with:</i></p> <ul style="list-style-type: none"> <li>• HPV FLOQ Copan Swab</li> <li>• Secondary tube</li> <li>• Instruction sheet</li> </ul>	 <p><b>Self-collect swab instructions for HPV testing</b> Anatomic Pathology Service</p>
<p><b>ThinPrep® LBC</b></p> <p>Thinprep® Vial</p> <ul style="list-style-type: none"> <li>• Cervix Scrapers</li> <li>• Cytobrushes</li> <li>• Cervix Brooms</li> </ul>	

## SPECIMEN COLLECTION & LABELLING

Specimen containers should be labelled prior to collection and, if possible, in front of the patient. Specimen labels must have a MINIMUM of two patient identifiers:

- **Patient Family Name & First Name**
  - **Patient NHI number and / or DOB**
- and
- **'Date' and 'Time' of sample collection.**

Note:

- Collect **one** sample for HPV and Cervical Cytology testing.
- If both a swab and LBC sample is submitted for one patient, the swab will be discarded.
- An **unlabelled or mislabelled swab sample can not be tested for HPV**, and a recollect will be required.

### Dry Swab – HPV only

FLOQ swab self-collect, broken off into the secondary tube.

- Refer to the self-collect swab instructions in kit provided by the laboratory.
- Ensure the **HPV secondary tube** is labelled with a MINIMUM of two patient identifiers.
- Send the secondary tube to the laboratory for testing, the remainder of the kit can be discarded.

### If the patient opts to take the HPV self-sampling kit home:

- The patient will need to return the HPV secondary tube to the practice for the sample to be sent to the Anatomical Pathology Services (APS) laboratory for HPV testing.
- Swabs must be tested within 4 weeks of sample collection.
- Prior to sending the home collected sample to the laboratory, check the HPV secondary tube is labelled with the correct details for the patient providing the sample.

Note:

- If using a pre-printed patient label for the HPV secondary tube, place along the length of the tube, not covering the cap. Do not wrap the label horizontally around the tube. Avoid creating a 'flag' (where the label sticks out).

### ThinPrep® LBC – HPV and / or Cytology

Speculum examination with cells removed using the cytobrush or cervibroom.

- Take the sample from the transformation zone of the cervix, vagina or vault using the most clinically appropriate device, then vigorously rinse the device in the PreservCyt solution vial by swirling ten times or pushing up against the vial wall. Discard the device.
- Secure the vial to ensure no leakage – re-cap and tighten until the lines on the cap and the vial meet or slightly overlap.

## STORAGE & TRANSPORT

### All Samples:

- Refrigeration not required.
- Transport in biohazard bag with the laboratory form in the outside pocket.

### Community referrers:

- Transport to APS via your regular collection as soon as practicable.

### Hospital referrers:

- Samples are sent to LabPLUS and referred on to APS for testing by Support Services.

Sample Type	Storage	Must test within
HPV Dry Swab (in secondary tube)	2°C-30°C	4 weeks
ThinPrep LBC	4°C-37°C	3 weeks

## LABORATORY REQUEST FORMS

A completed laboratory request form must accompany the sample to the laboratory. A form with insufficient information will delay processing.

### Key Information for Cervical Screening requests:

- Patient **ethnicity**
- Patient **history** and **clinical details**
- Patient **eligibility** for publicly funded health services
- **Sample type and test** requested
- Requestor **Name and HPI CPN** (must be an accredited cervical sampletaker)
- **Facility and HPI Facility No.**

### Note:

- For eOrder and PMS forms, check all patient and requestor details and the required test and clinical information is on the printout.
- For nurses who facilitate HPV self-testing with participants, ensure the **name and HPI CPN of the responsible clinician** who is to receive the results, is on the laboratory form.

### Ineligible patients and non-funded tests

If the patient is **ineligible** (e.g. a non-resident without an eligible visa); or a normally eligible patient does not meet the **NCSP guidelines for a cytology co-test** but still wishes to have the cytology test; the patient will need to pay. Provide billing details, e.g. 'Charge Practice'. If 'Charge Patient', include patient's **email address**, mobile contact no. and NZ address.

## APS Test Prices

Sample Type and Test	Eligible patient	Ineligible patient	Price incl. GST
Swab for HPV	Funded	Not Funded	\$81.20
LBC for HPV	Funded	Not Funded	\$81.20
LBC for HPV and Cytology (co-test)	Funded if co-test meets the guidelines*	Not Funded	\$139.10
LBC for Cytology only	Funded	Not Funded	\$57.90

\*If NCSP guidelines are not met for a co-test, the cytology is not funded and a normally eligible patient will need to pay for the cytology test only.

### Requests for a report copy to be sent:

- Clearly note the **full name and practice location** of the 'Copy To' practitioner.
- Just writing 'GP' is insufficient information.
- Check GP information is **up to date** to avoid a patient privacy breach.

## TO SET UP A NEW LAB CODE – THINPREP® USERS

### Auckland Community Referrers contact:

#### Anatomic Pathology Service

External: (09) 302 0516 or 0800 256 356

Email: [aps.info@adhb.govt.nz](mailto:aps.info@adhb.govt.nz)

### Northern Region Hospital Referrers contact:

#### LabLINK, LabPLUS

External: (09) 307 8995 or 0800 522 7587 ("0800 LABPLUS")

Internal: ext. 22000

Email: [LabLINK@adhb.govt.nz](mailto:LabLINK@adhb.govt.nz)