

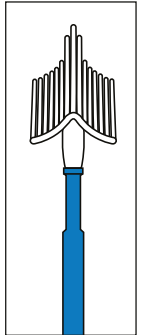
Specimen Collection for the Cervical Screening Program

The collection of cervical cells is completed the same way that a usual Pap smear was collected, with the only difference being that the cervical cells are now placed into a specific liquid in a vial rather than on a slide.

1. OBTAIN AN ADEQUATE SAMPLE FROM THE CERVIX

- Use luke warm water to lubricate and warm the speculum. A water soluble gel lubricant can be sparingly applied to the posterior blade if necessary. Do not use carbomer-based lubricants.
- Insert the speculum.
- Insert the central bristles of the Cervical Brush deep enough into the endocervical canal to ensure the shorter bristles contact the exocervix, then push gently and rotate the broom in a full clockwise direction **4 - 5 times**.
- An endocervical sampler can also be used in addition to the cervical sampler in patients with previous endocervical glandular abnormalities or a high transformation zone.

Please note: An endocervical sampler should not be used in pregnant women.



Cervical Brush

2. PLACE THE CERVICAL BRUSH INTO THE THINPREP® VIAL ASAP

- Ensure the ThinPrep® vial is within the use by date.
The liquid can be stored at room temperature and does not require refrigeration.
- Push the Cervical Brush into the bottom of the vial **10 times**, ensuring to push hard enough to force the bristles apart.
- Swirl the Cervical Brush before removing it from the vial.
- Discard the Cervical Brush.

Please note: Do not make any glass slides.

3. SECURE THE CAP ON THE VIAL

Tighten the cap enough that the torque line on the cap is in line with the torque line on the vial.

4. RECORD THE PATIENT DETAILS AND COMPLETE THE REQUEST FORM

- Record the patient's full name and date of birth on the vial.
- Complete the patient's details on the request form providing as much information as possible.

Pertinent clinical details are essential for reliable cervical screening.

Please ensure to request **Cervical Screening Test, Routine** in screening cases and **Cervical Co-test, Symptomatic** for symptomatic cases.

Other important information should be noted on the request form under clinical notes.

Doctor please consider:

- Patients who are symptomatic (e.g. history of abnormal vaginal bleeding) require both HPV and a concurrent liquid-based cytology (LBC).
- Patients who have been previously diagnosed with endocervical adenocarcinoma in-situ (AIS), or who have had Diethylstilboestrol (DES) exposure in utero, also require a concurrent LBC annually.
- Aboriginal or Torres Strait Islander (ATSI) status may be relevant in the timing of follow up of intermediate risk patients.
- Patients who are immune deficient are advised to repeat testing in 3 years, not 5 years.

5. PACKAGE THE SAMPLE AND REQUEST FORM FOR TRANSPORT

Place both the vial and request form into a specimen bag for transport to the laboratory in the usual manner.

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MATERIALS REQUIRED

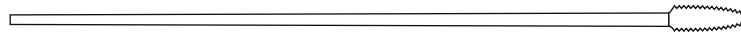
The following materials are required:

1. TML Pathology request form
2. TML Pathology appropriate collection device (A & B as below)
3. ThinPrep® vial

A: Cervical Brush



B: Endocervical Sampler



C: ThinPrep® vial



Please note these items are available individually via your doctor supply requisition form.

SELF COLLECTION

For Self Collection instructions please see tmlpath.com.au.

MEDICARE REBATE

Cervical screening requests that follow the national prescribed clinical guidelines will be bulk billed subject to Medicare guidelines and criteria.

If Medicare guidelines and criteria are not met, an out-of-pocket fee may apply. If the patient wants additional cervical cytology smears that do not fit the MBS criteria, these tests will not be rebated by Medicare.