

Cervical Screening – What do I put on the pathology request form?

The guidelines for cervical screening are complex. For the laboratory to perform the correct tests, offer the correct clinical recommendation and bill Medicare appropriately, it is important that you complete the pathology request form correctly. Below are guidelines for requesting depending on the clinical scenario.

ASYMPTOMATIC PATIENTS

Women over 25 will receive a postal invitation from the National Cancer Screening Register (NCSR) for a routine 5-yearly cervical screening test. Most of your patients will fall in this category, and will have no significant previous history or symptoms.

For these cases, please clearly request **“Cervical Screening Test, Routine”** on the pathology request form. The laboratory will do HPV testing and/or liquid-based cytology as appropriate.

SYMPTOMATIC PATIENTS

Patients of any age who are symptomatic (e.g. abnormal vaginal bleeding) may require cervical co-testing (i.e. HPV + Cytology) as part of their investigations. In these cases, it is important that you very clearly state **“Cervical Co-Test, Symptomatic”** on the pathology request form. In addition, description of the relevant symptom (e.g. post-menopausal bleeding) would be helpful.

FOLLOW UP OF PREVIOUS ABNORMAL CERVICAL SCREENING TEST RESULT

If your patient’s previous Cervical Screening Test showed a positive HPV result and follow up testing was recommended, please clearly state **“Cervical Test, follow up of previous abnormal result”**.

TEST OF CURE

Patients with previously treated high grade squamous intraepithelial lesion (HSIL or CIN2/3) require 2 consecutive negative HPV tests, and negative cytology tests 12 months apart, before they are considered to be cured and can go back to routine 5-yearly screening.

In these cases, please state **“Cervical Co-Test, Test of Cure”**.

PREVIOUS ENDOCERVICAL ADENOCARCINOMA IN SITU (AIS)

Patients with previously treated AIS require annual co-testing. Please state **“Cervical Co-Test, Previous AIS”**.

CYTOLOGY ONLY

“Cytology Only” should be requested when patients have had a previous positive HPV test from a self-collect sample or a previous unsatisfactory cytology result. Please state **“Cytology Only”** as patients are not eligible for a second HPV test under these circumstances.

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WHAT TEST IS REQUIRED?

In "Tests Requested" area, enter **one** of the following:

Cervical Screening Test, Routine

OR

Cervical Co-test, Symptomatic

OR

Cervical Test, follow up of previous abnormal result

OR

Cervical Co-test, Test of Cure

OR

Cervical Co-test, Previous AIS

OR

Cytology Only

ANY OTHER INFORMATION REQUIRED?

Other useful clinical information includes:

- Immunodeficient
- Previous hysterectomy
- Self-collected sample
- Abnormal uterine bleeding
- DES exposure

The image shows two versions of a pathology request form from TML Pathology. The top form is labeled 'LABORATORY COPY' and the bottom one is 'PATIENT COPY'. Both forms have the following sections:

- Header:** TML Pathology logo, RCPA and NATA accreditation, Medicare Card Number, and 'PATHOLOGY REQUEST' title.
- Patient Information:** Last Name, Given Names, Sex (Male/Female/Unknown/Other), Date of Birth, File No., Address, Postcode, and Telephone numbers.
- Tests Requested:** A list of tests with checkboxes. In the 'LABORATORY COPY', 'Cervical Screening Test, Routine' is selected. In the 'PATIENT COPY', 'Cervical Screening Test, Routine' is also selected.
- Clinical Notes:** A section for additional information. In the 'LABORATORY COPY', 'Immunodeficient' is written. A red box highlights a 'PERSON DRAWING BLOOD' instruction.
- Administrative Fields:** 'SELF COLLECTED', 'STANDARD PRECAUTIONS', 'PRIVATE & CONFIDENTIAL', 'CUMULATIVE REPORT', 'URGENT', 'PHONE', 'FAX', 'BY TIME', 'MIL Fee', 'S.F.', 'B.B. or D.B.', 'VET AFFAIRS No.', and 'DOCTOR'S SIGNATURE AND REQUEST DATE'.
- Reporting and Logistics:** 'COPY REPORTS TO:', 'HOSPITAL/WARD', 'Collect Date', 'Coll. Time', 'Test Codes', 'Branch', 'Ref. No.', 'Lab. No.', 'Description & Containers', 'Collector', 'Received Date', 'Rec. Time', 'Batch/Spec. No.', 'B/C', 'Clinic', and a table for 'How or will the patient be, at the time of the service or when the specimen is obtained / appropriate level'.
- Signature and Date:** 'PATIENT'S SIGNATURE AND DATE' and 'MEDICARE SCREENING (Section 266 of the Health Insurance Act 1973)' section.
- Footer:** TML Pathology contact information, Medicare Card Number, and Privacy Note.

WHAT ABOUT THE TICKBOXES ON THE REQUEST FORMS?

The tickboxes on pathology request forms provide additional useful information for the laboratory. The format of the tickboxes on Pathology request forms can vary, depending on pathology provider, version of form or independent GP practice management software. Please continue to complete all relevant tickboxes.

If you use independent software to electronically complete request forms, you may also wish to set up this software to include terminology as described above.

OPTING OFF THE REGISTER

It is now the responsibility of the patients or their medical practitioner to notify the NCSR if patients wish to "opt off" the National Cancer Screening Register. This function can no longer be performed by the laboratories.