

Primer on Ordering HPV High Risk and Genotyping 16/18 Tests

Molecular Pathology Laboratory

June, 2010

Requisition Form to be Used: **Revised Cytology Laboratory Form**

ALL HPV tests must be accompanied by a Cytology Laboratory Form

Under GYN Orders:

- 1) Make sure to specify specimen type
- 2) Indicate appropriate test:

Thin Prep PAP and HPV HR **(30 yrs old and over)** with reflex HPV 16/18

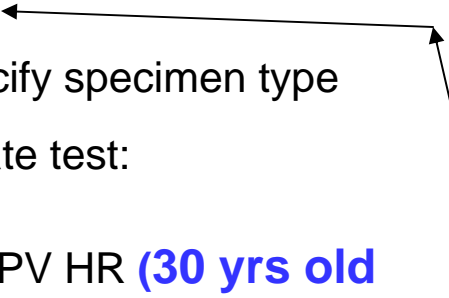
This is ordered in Cerner as: "HPV HR Screen"

OR

ThinPrep PAP test with Reflex for HPV HR

OR

ThinPrep PAP Test only



State University of New York
Downstate Medical Center, Bx 37
University Hospital of Brooklyn
450 Clarkson Avenue, Brooklyn, N.Y. 11203
CYTOLOGY LABORATORY
1-718-270-1666

Name: _____
Address: _____
City: _____
State & Zip Code: _____
MR#: _____ NS#: _____
Patient#: _____
Insurance Carrier: _____
Insurance#: _____
DOB/Age: _____ Sex: _____

Date: _____
Submitted by M.D.: _____
by Midwife: _____
by P.A./N.P.: _____
DATE & LOCATION of SPECIMEN COLLECTION: _____

SPECIMENS WILL NOT BE EXAMINED UNLESS ACCOMPANIED BY THIS FORM, PROPERLY FILLED OUT.

▼ CHECK THE TYPE OF SPECIMEN SUBMITTED ▼

GYN

☐ ThinPrep PAP Test & HPV HR (age 30 and over) w/ Reflex HPV 16/18 [CERNER order as HPV HR Screen]
☐ ThinPrep PAP Test w/ Reflex HPV HR
☐ VAGINAL ☐ CERVICAL ☐ ENDOCERVICAL ☐ ENDOMETRIAL

NON-GYN

PULMONARY ☐ SPUTUM ☐ BRONCHIAL ASP - ☐ Right ☐ Left ☐ BRONCHIAL WASH - ☐ Right ☐ Left
☐ BRONCHOALVEOLAR LAVAGE - ☐ Right ☐ Left ☐ BRONCHIAL BRUSH - ☐ Right ☐ Left
GU ☐ VOIDED URINE ☐ CATH. URINE ☐ URETERAL - ☐ Right ☐ Left
GI ☐ ESOPH. ☐ GASTRIC ☐ COLONIC ☐ RECTAL
EXUDATES ☐ PLEURAL ☐ PERITONEAL ☐ PERICARDIAL ☐ OTHER _____
FNA ☐ THYROID ☐ BREAST - ☐ Right ☐ Left ☐ NECK MASS
☐ LYMPH NODE ☐ SALIVARY GLAND ☐ OTHER _____
MISC. ☐ CSF ☐ OTHER _____

▼ PERTINENT CLINICAL DATA ▼

PROVISIONAL DIAGNOSIS ▶ _____

ESSENTIAL PAST & PRESENT HISTORY ▶ _____

OTHER PERTINENT FINDINGS ▶ _____
(X-Ray, Bronchoscope, Biopsy, D&C, Cytoscopy, Prev. Prep, etc.)

RECENT OPERATIONS & PROCEDURES ▶ _____

X-Ray Therapy - ☐ YES ☐ NO
How Recent: _____

Hormonal Therapy - ☐ YES ☐ NO
How Recent: _____

Cautery - ☐ YES ☐ NO
How Recent: _____

LMP (Dates): _____

GRAV _____ **PARA** _____

DRUG: _____ **DOSAGE:** _____
How Recent: _____

OTHER THERAPY: _____

RACE/ETHNICITY: _____

DELIVERY EXPECTED: _____

ABORTIONS: _____

ACCESSION DATE & NUMBER ▶ _____

HPV HR Screen

**ThinPrep PAP Test & HPV HR (age 30 and over)
w/ Reflex HPV 16/18 [CERNER order:“HPV
HR Screen”]**

- To be ordered only on patients 30 years old and over
- **Ordered in CERNER by clinician**
- Send ThinPrep specimen with the **CERNER label** as well as the completed Cytology Lab form
- Reflex HPV 16/18 for all positive HPV HR results to be ordered by the laboratory

HPV HR ASCUS

ThinPrep PAP Test w/ Reflex HPV HR

- Send ThinPrep to Lab with Cytology Lab form
- If ASCUS, Cytology Lab will order HPV HR ASCUS as “Copath-Reflex”
- **No order by clinician in Cerner needed**

ThinPrep PAP only

- Send Cytology Lab form with specimen for the ThinPrep PAP test
- No Reflex to HPV HR ASCUS or HPV HR Screen will be done

For more information

- Contact the Molecular Pathology Laboratory: 718-270-1837, or x8623, or x2648
- Visit the website:
<http://www.downstate.edu/pnp/lab/molecular%20diagnostics.html>