TEST CHANGE

Human Papillomavirus (HPV), High Risk with 16 and 18 Genotype by PCR, ThinPrep

2011940, TP HPV1618

Specimen Requirements:	
Patient Preparation:	
Collect:	Provider-collected cervical or anal specimen with broom, brush or spatula from ThinPrep collection kit. (ARUP supply #41785 ThinPrep (Vial and Broom) or #51369 ThinPrep (Vial, Brush and Spatula). Patient-collected vaginal specimen, obtained in a healthcare setting, using the FLOQSwab in Vaginal Self-Collect Kit (ARUP supply # 64594). Collection supplies available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787. ~~Cervical, anal, or vaginal specimen with brush or spatula from ThinPrep kit and place in PreservCyt Media~~
Specimen Preparation:	Cervical or anal specimen with brush or spatula from ThinPrep kit: Swirl the collection device vigorously in the PreservCyt Media. Patient-collected vaginal swab: Release cells from FLOQswab by fully immersing in Preservcyt media and swirl along the inner vial wall for at least 20 seconds. Draw swab up, draining all fluid from swab into container. Discard swab. ~~Mix well. Transfer 3 mL to an ARUP Standard Transport Tube. (Min 1.5 mL). If test is being used for primary screening, submit specimen aliquot and retain the original specimen at the client site.~~
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	Bloody or dark brown specimens. Dry swab or specimens~~Specimens~~ in any media other than ThinPrep Preservecyt~~indicated above~~.
Remarks:	Specimen source required.
Stability:	Ambient: 6 months; Refrigerated: 6 months; Frozen: Unacceptable
Methodology:	Qualitative Polymerase Chain Reaction (PCR)
Performed:	Tue-Sat
Reported:	1-5 days
Note:	

CPT Codes:	87626
New York DOH Approval Status:	This test is New York DOH approved.

Interpretive Data:

This test amplifies DNA of HPV16, HPV18 and 12 other high-risk HPV types (31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68) associated with cervical cancer and its precursor lesions. Sensitivity may be affected by specimen collection methods, stage of infection, and the presence of interfering substances. Results should be interpreted in conjunction with other available laboratory and clinical data. A negative high-risk HPV result does not exclude the presence of other high-risk HPV types, the possibility of future cytologic abnormalities, underlying CIN2-3, or cancer.

HPV testing should not be used for screening or management of atypical squamous cells of undetermined significance (ASCUS) in women under age 21.

Reference Interval:

Negative