DAHL-CHASE DIAGNOSTIC SERVICES

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GYNECOLOGIC CYTOPATHOLOGY REPORT

Patient: **Test, Mrs. 10.1**
Patient Address

Pathology Number: G-15-12345
Date of Procedure: 8/3/2015
Date of Accession: 8/3/2015 4:04:02 PM
DOB: Sex: F

To: Provider Name
Provider Address
Provider phone number

Ordering clinician:
Reports to:

SPECIMEN SOURCE: Exocervix; Endocervix
METHODOLOGY: SurePath Pap Test
SPECIMEN DESCRIPTION: Vial with correct device(s)
REASON FOR PAP AND/OR HPV TEST: Routine
HISTORY AND THERAPY: Previous pap date: 2013; ASCUS; Positive HPV; never had colposcopy after last pap
MENSTRUAL STATUS: LMP: 07/20/2015

SPECIMEN ADEQUACY:
Satisfactory for evaluation; no transformation zone component identified.

GENERAL CATEGORIZATION:
Squamous Epithelial Cell Abnormality: See Interpretation.

INTERPRETATION:
Atypical squamous cells of undetermined significance.

EDUCATIONAL NOTES AND SUGGESTIONS:
See http://www.asccp.org/consensus.shtml for consensus management guidelines.

HPV RESULTS:

HPV 16:	Negative
HPV 18:	Negative
Other HR HPV:	Positive

HPV COMMENTS:
High Risk HPV detection was performed using the Roche cobas® HPV PCR methodology which tests for the presence of HPV types 16,18,31,33,35,39,45,51,52,56,58,59,66 and 68. A negative or invalid result does not preclude the presence of HPV infection because results depend on adequate specimen collection, absence of inhibitors and sufficient DNA to be detected.

The HPV assay has been cleared by the FDA for use with ThinPrep cervical/vaginal specimen only. Its analytic performance characteristics with SurePath have been validated by Dahl-Chase Diagnostic Services. Any results of this test should be interpreted in the context of complete medical history and are not intended to be used as the sole means for clinical diagnosis or patient management decisions.

Cytopathologist, MD Interpretation electronically signed 08/04/2015

HPV Results electronically signed 08/05/2015

Cervical cytology is a screening test primarily for squamous cancers and precursors, not adenocarcinoma or other malignancies, and has associated false-negative and false-positive results. It is not a diagnostic procedure and should not be used as the sole means of detecting cervical cancer. Positive results should be confirmed prior to definitive therapy. Technologies such as liquid-based preparations and HPV testing may decrease but will not eliminate all false-negative results. Regular sampling and follow-up of unexplained clinical signs and symptoms are recommended to minimize false negative results. The Pap test is neither sensitive nor specific for the screening of endometrial lesions and should not be used as a follow-up in patients with clinical suspicion of endometrial pathology.