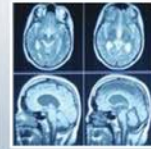




Clinical Practice Change Alert



Implementation of Liquid Based Cytology

Date Effective: October 6, 2014

Background Information:

On September 5, 2014, Diagnostic Services Manitoba (DSM) announced the upcoming introduction of Liquid-Based Cytology (LBC) with funding support from Manitoba Health. On October 6, 2014, we will 'go live' with the BD SurePath technology for gynecological samples. The SurePath technology offers a user-friendly "Collect/Drop/Send" technique, making sample collection easier for health care practitioners. As DSM implements LBC, we will be providing clinicians with information and education to help with this exciting transition.

LBC Collection Procedure:

Please see the appendix for the CervixCheck LBC Pap Test Procedure Brochure. This resource provides details on the LBC collection procedure, information on the Cervical Cytology Request Form and links to resources on the CervixCheck website.

Please view the [BD SurePath Collection Method Video](#) for the appropriate LBC collection procedure.

Upon collection, please ensure the following:

- The 2D barcode is removed from the vial and placed on the matching patient requisition.
- Attach a small addressograph (ensuring the remaining 2D barcode is not covered on the vial) or label the vial with the patient's first name, last name and PHIN (please see CervixCheck brochure for additional detailed labeling requirements).
- Ensure the collection vial lid is securely tightened and place vial in the specimen bag. Place corresponding completed requisition in outer pocket of the bag.
- Transport specimen to your referral laboratory in a cooler or at room temperature. Do Not Freeze.

- 1 -



Clinical Practice Change Alert

Ordering LBC Supplies:

The following supplies will be required to use LBC Cytology in your clinic:

1. LBC Collection Vial
2. Rover Cervex Brush or Cooper Spatula/Brush Combo
3. Cervical Cytology Request Form
4. Specimen Bag

Supplies can be requested from your referral Cytology laboratory. Please refer to DSM [SOP 170-10-19](#), 'Requesting Reagents and Supplies from Referral Pathology Laboratories' for further instructions.

LBC Education Opportunities:

The DSM Pathology Team will be offering supplies, education and information sessions across the Province over the next four weeks. If you wish to have a session and have not been informed of one in your region, please contact Karen Cormier, Provincial Pathology Coordinator, at (204) 926-1428 or kcormier3@dsmanitoba.ca.

More information:

- [DSM LBC Announcement, Sept. 5, 2014](#)
- [CervixCheck Resources](#)

DSM Contact Information:

Lisa Manning
Technical Director
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OR

Karen Cormier
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Physician Alert



Appendix A **Implementation of Liquid Based Cytology (LBC)**

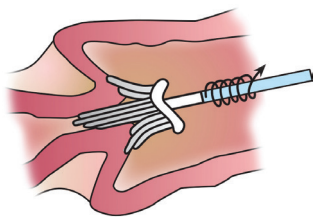
Please see attached brochure from CervixCheck for detailed instructions on the LBC collection procedure.

THE PAP TEST PROCEDURE: LIQUID BASED CYTOLOGY (LBC)

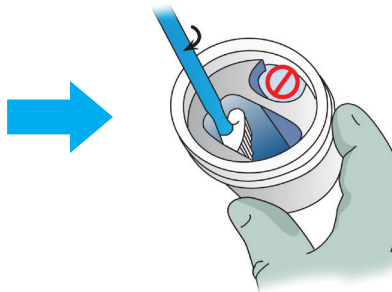
View sampling technique videos at TellEveryWoman.ca/module

- 1 Label the vial with the woman's first name, last name and PHIN (or RCMP, military, other provincial/territorial, or passport number). The PHIN and name on the vial must match the PHIN and name on the requisition.
- 2 Insert an appropriately sized speculum and inspect the cervix (warm water may be used to lubricate the speculum if necessary).
- 3 Take STI specimens if required. Gently wipe away excessive discharge/mucous on the cervix with an oversized cotton swab. This should be done as gently as possible to avoid removing the cervical cells to be sampled.

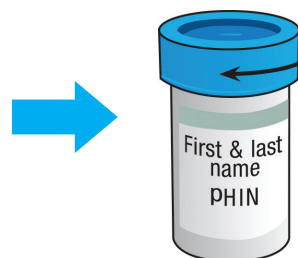
- 4 Insert the broom into the endocervical canal. Rotate the broom 5 times in a clockwise direction.



- 5 Insert the broom into the larger opening of the vial. Rotate the broom 90° to use the inner edge of the insert to pull off the broom into the vial.



- 6 Place the cap on the vial and tighten firmly.



Alternative collection method:

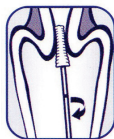
A plastic spatula and cytobrush may also be used to collect LBC samples.

- 1 Insert the spatula into the cervical os and rotate 360° with firm pressure.
- 2 Insert the cytobrush into the cervical os no further than the end of the bristles and rotate 90°.
- 3 Snap off the heads of the spatula and cytobrush (avoid touching the head of the device) and drop into the liquid vial (avoid splashing).

COLLECT:



COLLECT:



DROP:



Pregnant women

Screening pregnant women is unnecessary if the woman has had routine negative Pap tests, has no symptoms of cervical cancer and/or no visual abnormalities of the cervix. If a Pap test is warranted, use the broom only in the first 10 weeks of pregnancy. If the woman is over 10 weeks pregnant, the benefits of screening should outweigh the potential harms. Only the plastic spatula should be used.

Any visual cervical abnormalities and/or symptoms (i.e. abnormal bleeding or discharge) must be investigated regardless of cytology findings.

IDENTIFYING SMEAR TAKERS ON THE CERVICAL CYTOLOGY REQUEST FORM

The smear taker must be clearly identified on the cervical cytology request form in the “Provider #” field. Where nurses and physician assistants (PA) perform Pap tests under a physician or nurse practitioner, the cervical cancer screening provider number (issued by CervixCheck) should be recorded in the “Provider #” field. The billing number of the physician or nurse practitioner overseeing these Pap tests should be captured in the “Bill to (#)” field.

Cervical Cytology Request Form

Date Received: _____ yr/mo/day Accession #: _____

PATIENT INFORMATION *Matching PHIN and first and last name required on vial (or slide in pencil)

* PHIN: _____

* Name: _____ Surname First Name

Address: _____

City/Town: _____ Prov: _____ Postal Code: _____

Date of birth: _____ yr/mo/day MHSC: _____

Third Party Billing #: _____

PROVIDER INFORMATION * Required

*Provider Name: _____

*Provider #: _____ Bill to (#): _____

CC: _____

Send Report to:

*Street address: _____

City/Town: _____ Prov: _____

Postal Code: _____ Tel: () _____

*Date Collected: _____ yr/mo/day

Source: Cervix ☐ Vault ☐ Instrument(s): Broom (LBC) ☐ Spatula ☐ Cytobrush ☐ Cotton Swab ☐

Date of Last Normal Menses: _____ yr/mo/day Pregnant ☐ Postpartum: _____ (weeks PP) Postmenopausal: ☐

Last Pap Test: ☐ _____ yr/mo/day Previous Abnormal: ☐ _____ yr/mo/day

Symptoms: _____

Previous Treatment: Colposcopy ☐ Laser ☐ Cryosurgery ☐ LEEP ☐ Irradiation ☐ Date of Tx: _____ yr/mo/day

Hysterectomy: Total ☐ Subtotal ☐ Previous Cancer: _____

Present Treatment: Hormonal: OCP ☐ HRT ☐ IUCD ☐

Smear takers should identify themselves on the cervical cytology request form as follows:

SMEAR TAKER DESIGNATION	PROVIDER #:	BILL TO (#):
Midwife	6### (midwifery billing number)	Not applicable
Nurse Practitioner	Billing number	Not applicable
Nurse (RN, LPN)	N### (cervical cancer screening provider number)	Physician or NP billing #
Physician	Billing number	Not applicable
Physician Assistant	72### (cervical cancer screening provider number)	Physician or NP billing #

Contact CervixCheck for:

- cervical cancer screening provider numbers
- screening histories of women in your care
- education and resources
- questions about screening and patient management
- to host a Pap clinic in your community

Quick links:

Screening Guidelines	TellEveryWoman.ca/resources
Screening History Request Form	
Cervical Cancer Screening Provider Number Request Form	
Pap Clinic Registration	TellEveryWoman.ca/papclinic
Pap Test Learning Module & Videos	TellEveryWoman.ca/module
Education Opportunities	TellEveryWoman.ca/education



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