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Revision: 09	Document Ref. CYAD14	Authorised: C.Hume

CELLULAR PATHOLOGY DEPARTMENT STANDARD OPERATING PROCEDURE INSTRUCTIONS FOR CERVICAL CYTOLOGY SAMPLE TAKERS

Purpose: This procedure has been written to provide an overarching document describing the taking of cervical samples in accordance with PHE CSP guidelines.

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CONTROLLED DOCUMENT

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1. Introduction

The following document outlines the procedure required for taking *Thinprep* liquid based cytology samples. Please also refer to the PHE CSP website for further information (www.cancerscreening.nhs.uk)

2. The Cervical cytology Screening Programme

Please follow NHS CSP guidelines when to take a cervical sample. Cervical samples are offered in England to women between the ages of 24.5 and 64 years as below

24.5	First invitation
24.5 - 49	3 yearly
50 - 64	5 yearly
65+	Only screen those who have had a previous abnormal test or not had three negative tests.

Women should only be screened opportunistically if they have previously been invited and have failed to attend for their screening appointment. Women should not be screened outside nationally defined call/recall intervals and these samples will be rejected.

The cervical cytology test does not perform well as a diagnostic test for existing cancer, or for infections or other gynaecological conditions and therefore must be used as a screening test only. A negative cytology test may falsely reassure the sample taker and patient so please ensure that the appropriate clinical investigations for women with symptoms such as abnormal bleeding, pelvic pain or abnormal looking cervix are referred to gynaecology or colposcopy.

3. Cervical Cytology Request Forms

Open Exeter Request Form

The sample taker where possible, must print the HMR101 request forms directly from Open Exeter. The A5 HMR101 is the preferred request form.

Please note that the woman's last test results are included on the request form as NHS CSP national codes and are interpreted as below. The sample taker may add any previous tests or histology results as appropriate in the clinical data box. Below are examples of the forms available, however A5 forms printed on A5 paper are preferred.



National Request Form (HMR101)

These are available from the Pathology department Stores at the Royal Devon and Exeter Hospital. Ensure that all parts of the form are filled in. Include the woman's full name and any previous names, the NHS number, DOB, the name and address of the GP, the sample sender if different from the GP, the date of sample taken and the LMP date.

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Please note that the sample taker name and/or code must be added to the Clinical Data box on the request form and then signed. Samples without this information may be rejected.

Also include any relevant clinical data such as information regarding previous abnormal samples or histology results elsewhere.

OPEN EXETER RESULT CODES

CERVICAL CYTOLOGY RESULTS	CODE
Inadequate	1R
Negative – normal recall	2A
Negative – early recall	2R
Borderline – early repeat	8R
Borderline – refer to colposcopy	8S
Borderline in Endocervicals – refer to Colposcopy	9S
Low Grade Dyskaryosis – refer to colposcopy	3S
Moderate dyskaryosis – refer to colposcopy	7S
Severe Dyskaryosis – refer to colposcopy	4S
? Invasive Ca – refer to colposcopy	5S
?Glandular Neoplasia – refer to colposcopy	6S
?Glandular Neoplasia (Non-cervical) – Routine recall	0A

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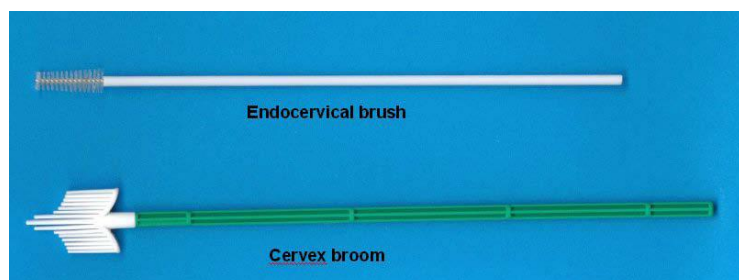
CERVICAL CYTOLOGY & HPV TEST RESULTS	CODE
Borderline HPV negative – normal recall	B0A
Borderline HPV unavailable – early recall	BUR
Borderline HPV positive – refer to colposcopy	B9S
Borderline in Endocervicals HPV negative – normal recall	E0A
Borderline in Endocervicals HPV positive – refer to Colposcopy	E9S
Low grade dyskaryosis HPV negative – normal recall	M0A
Low grade dyskaryosis HPV unavailable – refer to colposcopy	MUS
Low grade dyskaryosis HPV positive – refer to colposcopy	M9S
Negative HPV positive – refer to colposcopy	N9S
Negative HPV unavailable – early recall	NUR
Negative HPV Negative – normal recall	N0R
? Glandular neoplasia (non-cervical) HPV negative – normal recall	G0A
? Glandular neoplasia (non-cervical) HPV positive – refer to Colposcopy	G9S

Note all referrals to colposcopy are arranged directly from the laboratory

4. Sample Takers Equipment

This includes a Cervex Brush and a Liquid Based Cytology *PreservCyt* Vial. These are available from the Royal Devon & Exeter Pathology Department Stores on 01392 402906.

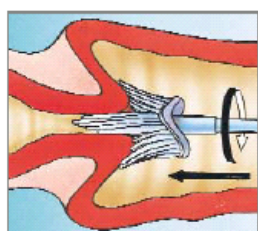
If an endocervical brush sampler is required these are available from various companies including CellPath Plc (01686 611333)



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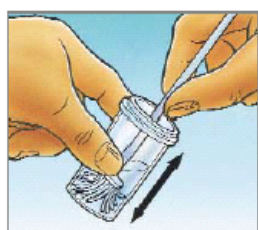
5. Taking a Liquid Based Cytology Cervical Sample

Collection of cervical cellular material into a preservative fluid must be done rapidly and according to the instructions below:



Obtain...

...an adequate sampling from the cervix using a broom-like device. Insert the central bristles of the broom into the endocervical canal deep enough to allow the shorter bristles to fully contact the ectocervix. Push gently, and rotate the broom in a clockwise direction five times.



Rinse...

...the broom as quickly as possible into the PreservCyt® Solution vial by pushing the broom into the bottom of the vial 10 times, forcing the bristles apart. As a final step, swirl the broom vigorously to further release material. Discard the collection device.

Please ensure safe and correct disposal of all materials used in this process

Ectropions

When sampling a large ectropion, first obtain the sample and rinse as indicated above and discard the cervex broom. Then take another clean cervex broom and sample the ectropion using a circular motion. Then as quickly as possible wash the broom in the same PreservCyt vial.

Endocervical Brush Sampling

Only use an endocervical brush sampler when indicated by the laboratory. For example when there has been a previous report indicating abnormal endocervical cells and endocervical cells were not present in a subsequent cervical sample. Only use with the normal cervex sampler.

Vault Samples

Use the cervex broom to take vault samples by using a sweeping action at the site of the scar or at the top of the vault.

Do	Do Not
Excessive mucus should be gently removed to one side before sampling	Do not routinely clean the cervix or take a cervical swab before taking a sample
Always use a Cervex broom	Do not use an endocervical brush in isolation
Rotate the cervex broom 5 times in a clockwise direction	Do not use a wooden spatula
Immediately rinse the collected material into the vial	Do not leave the collection device in the vial whilst dealing with the patient

LABORATORY PROCEDURE

Q-Pulse ref.

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Replace the lid and tighten so that the black line on the lid passes the black line on the vial	Do not over tighten the lid
Keep the unlabelled portion of the vial free from labels so that the vial contents can be seen	Do not put multiple labels or barcode labels on the vial
Label the vial with 3 identifiers: (e.g. surname, forename & DOB or NHS no). Send the samples to the laboratory without delay	Do not use expired vials

Lubricant

Lubricant must not be used. It is recommended that warm water is used only. If a lubricant must be used, only use water-based lubricant such as KY jelly but ensure that this does not contaminate the cervix. Samples contaminated with lubricants may be unsatisfactory for reporting.

Please ensure that topical creams are ceased 7 days prior to taking a cervical sample.

6. Sample Vial Labelling

Write the woman's surname, forename and date of birth on the label (note: the laboratory will reject samples and request forms with less than 3 patient identifiers and discard all unlabelled samples).

Put the vial and the corresponding request form in a suitable pathology bag and send to the Cytology Department at the Royal Devon & Exeter Hospital.

Reference

NHS Cervical Screening Programme - Guidance for the training of cervical sample takers
PHE Nov 2016 (Replaces NHSCSP Publication 23)