Implementation of Liquid Based Cytology (LBC) for Pap Smears

November 12, 2014

Dear Health Care Partner,

**Background Information:**

On October 6 2014, DSM began accepting liquid-based cytology samples to replace conventional Pap smears with the BD SurePath technology.

The SurePath technology offers a user-friendly “Collect/Drop/Send” technique, making sample collection easier for health care practitioners.

**LBC Collection Procedure:**

Please see **Appendix A** for the CervixCheck LBC Pap Test Procedure Brochure. This resource provides details on the LBC collection procedure, guidelines for LBC and pregnant patients, and links to resources on the CervixCheck website: [www.telleverywoman.ca](http://www.telleverywoman.ca).

The **BD SurePath Collection Method Video** can be viewed at [www.telleverywoman.ca/module](http://www.telleverywoman.ca/module) for further instruction on the LBC collection procedure. In order to view this video, you will require Apple's **QuickTime Plugin**.

Upon collection, please ensure the following:

- The top 2D barcode is removed from the vial and placed on the matching patient requisition on the bottom right hand corner of the Cervical Cytology Request Form.

- Attach a small addressograph/label (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.
  - Ensure the vial is not expired (Expiration date is labeled on the side of the vial). Specimens received in expired vials will be rejected as per the DSM specimen acceptance policy.
  - A 5cm x 3 cm label fits ideally on the SurePath vial.
• Ensure the vial lid is securely tightened and place the vial in a specimen bag for transport. Place corresponding completed requisition in the outer pocket of bag.

• Transport specimen to your referral laboratory in a cooler or at room temperature. Do Not Freeze.

**Cervical Cytology Request Form:**

The ‘Cervical Cytology Request Form’ is currently being updated by CervixCheck. Once we have the new requisitions they will be updated on the DSM LIM and EMR for access.

If you do not have an updated form, please continue to use your current requisition.

**Ordering LBC Supplies:**

Please refer to DSM SOP 170-10-19, ‘Requesting Reagents and Supplies from Referral Pathology Laboratories’ for further instructions.

- Please fill out the ‘Cytology’ section only for your LBC supplies and fax the request to your referral laboratory.
- A copy of the supply order form is provided for you in Appendix B.

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

1. LBC Collection Vial
2. Rover Cervex Brush
3. Cooper Spatula/Brush Combo

The supply order form can be found on the DSM website Laboratory Information Manual (LIM) at www.dsmanitoba.ca under Liquid-Based Cytology. This page also provides information on the Cervical Cytology Request Form and our specimen acceptance policy.

Please refer to the following MSDS for the SurePath Collection Vials.

**LBC Education Opportunities:**

If your team is comfortable moving forward with the SurePath Collection Method please order your supplies directly from your referral laboratory. Once you receive your supplies, you can replace your old supplies with LBC.

Please collect your old Pap Smear Supplies (wooden spatulas, cotton swabs, blue folders, glass slides, cytospray, etc.) and return those to your lab.
If your team is interested in further information or a one-on-one education session please contact Karen Cormier, Provincial Pathology Coordinator, at (204) 926-1428 or kcormier3@dsmanitoba.ca to make arrangements.

We thank you for your ongoing support and patience as we transition to this new technology.

More information:

- DSM Clinic Practice Change Alert Oct. 6, 2014
- DSM LBC Announcement Sept. 5, 2014
- CervixCheck Resources

DSM Contact Information:

Lisa Manning OR Karen Cormier
Technical Director Provincial Pathology Coordinator
(204) 926-1416 (204) 926-1428
lmanning@dsmanitoba.ca kcormier3@dsmanitoba.ca
Appendix A

Implementation of Liquid Based Cytology (LBC)

Please see the 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).

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.

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

<table>
<thead>
<tr>
<th>SMEAR TAKER DESIGNATION</th>
<th>PROVIDER #:</th>
<th>BILL TO (#):</th>
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</thead>
<tbody>
<tr>
<td>Midwife</td>
<td>6### (midwifery billing number)</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>Billing number</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Nurse (RN, LPN)</td>
<td>N### (cervical cancer screening provider number)</td>
<td>Physician or NP billing #</td>
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<tr>
<td>Physician</td>
<td>Billing number</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>72### (cervical cancer screening provider number)</td>
<td>Physician or NP billing #</td>
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</table>

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:

<table>
<thead>
<tr>
<th>Quick links</th>
<th>TellEveryWoman.ca/resources</th>
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<tbody>
<tr>
<td>Screening Guidelines</td>
<td>Screening History Request Form</td>
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<tr>
<td>Screening History Request Form</td>
<td>Cervical Cancer Screening Provider Number Request Form</td>
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<tr>
<td>Pap Clinic Registration</td>
<td>Pap Test Learning Module &amp; Videos</td>
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<tr>
<td>Pap Test Learning Module &amp; Videos</td>
<td>Education Opportunities</td>
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<tr>
<td>TellEveryWoman.ca/module</td>
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Appendix B

Implementation of Liquid Based Cytology (LBC)

Please see attached DSM SOP 170-10-19, ‘Requesting Reagents and Supplies from Referral Pathology Laboratories’
1 Annual Review:

<table>
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<th>Date:</th>
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<th>Date:</th>
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<tr>
<td>1</td>
<td>Lisa Manning</td>
<td>Sept 10/11</td>
<td>L Manning</td>
<td>20-SEP-2011</td>
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2 Summary of Revisions:

<table>
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<th>Details of Revisions:</th>
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<tr>
<td>1</td>
<td>New document</td>
<td>L Manning</td>
<td>31-MAR-2010</td>
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<tr>
<td>2</td>
<td>• 4.3 include a photocopy of the request (appendix 1) in the shipping container.</td>
<td>10-SEP-2011</td>
<td>L Manning</td>
<td>20-SEP-2011</td>
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<td></td>
<td>• 4.4.2 Temperature sensitive shipments may require a data logger in the shipment.</td>
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<td></td>
<td>• Appendix 1 modified to include electron microscopy and cytology supplies and added a</td>
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<td>column for the receiving site</td>
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<tr>
<td>3</td>
<td>Revision to Appendix to reflect LBC supplies</td>
<td>15-SEP-2014</td>
<td>L Manning</td>
<td>23-SEP-2014</td>
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1.0 PURPOSE

1.1 To outline the procedure for obtaining reagents and supplies from a Referral Pathology Laboratory.

2.0 DEFINITIONS

2.1 Sending Facility: the site collecting pathology specimens which are shipped to a referral pathology laboratory for processing.

2.2 Referral Laboratory (DSM Pathology Receiving Site): the site receiving and processing specimens from the sending facility.

3.0 POLICY

3.1 Referral Pathology Laboratory will purchase reagents and supplies and ship these supplies via scheduled courier runs to sending facilities.

4.0 PROCEDURE

4.1 When reagents or supplies are required, complete Appendix 1 and fax to the appropriate referral pathology laboratory.

4.2 The Referral Pathology Laboratory will check their supplies to ensure they have adequate stock available to fill the order.

4.3 If sufficient supplies are available they will package and ship the requested reagents and supplies in a shipping container labeled “reagents/supplies” and include a photocopy of the request (appendix 1) in the shipping container.

4.4 The container will be shipped on the next run to the sending facility.

4.4.1 Reagents that require refrigeration should be shipped in a separate cooler with frozen freezer packs wrapped in diapers to keep the reagents cool.

4.4.2 Temperature sensitive shipments may require a data logger in the shipment.

4.5 The referral pathology laboratory will keep a copy of the request for supplies for 2 months.

4.6 Upon receipt of reagents/supplies, the sending facility will date and initial the check box on the original order form to indicate supplies were received.

4.7 In situations where the referral pathology laboratory does not have sufficient stock to provide supplies for the sending facility, the referral pathology laboratory will phone the sending site to let them know if they can ship a portion of the requested order.

4.8 If they are unable to supply any portion of the request, the referral pathology laboratory will phone the sending facility and let them know when they can expect the supplies.

4.9 The referral pathology laboratory will ship the supplies as soon as they have sufficient stock and will retain all order requests for 2 months.
## Appendix 1: DSM Pathology Supply Request Form

<table>
<thead>
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<th>Description</th>
<th>Quantity ordered</th>
<th>Quantity issued</th>
<th>Date Shipped / Initial</th>
<th>Date Received / Initial</th>
<th>Comments</th>
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<td>Slide folders:</td>
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<td>2. Cardboard- 20 slide flap trays</td>
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<td>Stains or Reagents:</td>
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<td>2. Hematoxylin</td>
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<td>3. Other:</td>
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<td>Electron Microscopy:</td>
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<td>1. Gluteraldehyde</td>
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<td>Cytology:</td>
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<td>1. LBC Collection vial</td>
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<td>2. Rover Cervex Brush</td>
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<td>3. Cooper Spatula/Brush</td>
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<td>Combo</td>
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<td>Other:</td>
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Circle the appropriate Referral Laboratory

Date Requested: ______________ Time: _____

Requested by: _______________________

Date required: _____________________

Phone number: _______________________

Deliver to:

PLACE YOUR SITE ADDRESS LABEL HERE
Include room number, Fax number, and phone number

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Health Sciences Center
Fax (204) 787-4942 Histology
Fax (204) 787-2381 Electron Microscopy
Fax (204) 787-1790 Cytology

Westman Laboratory
Fax (204) 578-4867

St. Boniface Hospital
Fax (204) 235-3423

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