

Name	: DUMMY	Collected	: 8/2/2017 12:00:00AM
Lab No.	: 134315652	Received	: 8/2/2017 4:48:29PM
Age:	Unknown	Gender:	Female
A/c Status	: P	Reported	: 9/2/2017 10:12:56AM
Ref By	: Unknown	Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
<b>CERVICAL SCREEN</b>			

**HUMAN PAPILLOMA VIRUS, REAL TIME PCR**

(Real Time PCR)

Type of Specimen	Collection Medium
HPV DNA	<b>Positive</b>
Genotype	<b>6</b>

**Interpretation**

RESULT	REMARKS
Positive	Sample provided contains HPV DNA
Indeterminate	Presence of inhibitors in the sample
Negative	Sample provided does not contain HPV DNA or number of viral DNA copies are below the detection limit of the assay

**Note**

1. High risk Human papilloma viruses detected are 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59 & 68. The low risk genotypes detected are 6 and 11.
2. All Indeterminate results should be retested.
3. Test conducted on Cervical swab.

**Comments**

Over 118, Papilloma viruses have been identified belonging to the family Papillomaviridae. HPV related cervical cancer constitutes about 12% of malignancies worldwide. Persistent infection with oncogenic types of HPV followed by HPV DNA integration into the cellular genome is a required precursor in the pathway leading to cervical neoplasia. HPV types have been categorized as High risk, Intermediate risk & Low risk. A large number of women who are High risk HPV DNA positive, do not develop cervical cancer or precursor lesions like CIN-2/3. HPV infects epithelial tissues throughout the body including skin, larynx and anogenital tissues.

**Uses**

Routine screening for HPV DNA reduces the incidence of cervical cancer. High Risk genotypes 16 and 18 are linked to 70% of the cervical cancers. The low risk genotypes 6 and 11 are associated with genital warts.



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Dr. Atul Thatai  
PhD (Biotechnology)  
HOD Molecular Diagnostics

-----End of report-----

Dr Lal Path Labs



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<b>Lab No.</b> : 134315652 <b>Age</b> : Unknown <b>Gender:</b> Female	<b>Received:</b> 08/02/2017 16:48:29
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**CYTOPATHOLOGY REPORT**

**SPECIMEN** : Cervical/vaginal cytology.  
**CLINICAL HISTORY** : -  
**MICROSCOPIC** : By Bethesda system terminology, 2001  
**A) Statement of adequacy** : Smear is satisfactory for evaluation.  
**B) Microscopy** : The smear shows mainly superficial and intermediate squamous cells with polymorphs.  
 No Trichomonas or fungal organisms seen.  
**C) Endocervical cells** : Present  
**D) Koilocytotic cells** : Absent  
**E) Dysplastic cells** : Absent  
**F) Malignant cells** : Absent  
**GENERAL CATEGORIZATION** : Negative for intraepithelial lesion and malignancy.  
**IMPRESSION** : **Reactive cellular changes associated with inflammation.**  
**ADVISED** : Clinical correlation.

**ASCO/CAP GUIDELINES:**

	HPV unknown	HPV positive	HPV Negative
Unsatisfactory	Repeat cytology after 2-4 mths	Colposcopy	Repeat cytology after 2-4 mths
NILM with EC/TZ	Routine screening	HPV genotyping /repeat co-testing @ 1 year	Routine screening
NILM without EC/TZ	HPV testing	Repeat co-testing @1 year	Routine screening
ASCUS	HPV testing	Colposcopy	Repeat cotesting@3 year
LSIL	Colposcopy	Colposcopy	Cotesting @ 1 year
ASC - H	Colposcopy	Colposcopy	Colposcopy
HSIL	"Immediate LEEP"	"Immediate LEEP"	"Immediate LEEP"
AGC	EB & Endocervical Bx	EB & Endocervical Bx	EB & Endocervical Bx

**SCREENING GUIDELINE** : 21-29 years - Cytology only every 3 yrs ; 30-65 yrs - Cotesting every 5 years ; < 21 & > 65 yrs - Screening not recommended

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Dr. (WG. CDR.) Y. M. Sirpal  
MD(Path & Micro);DNB; FAeMS  
Chief Consultant - Path. & Micro.

Dr.Vandana Lal  
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Chief of Pathology

Dr Lal Path Labs

\*The Pap smear is not a diagnostic procedure and should not be used as the sole means to evaluate cervical cancer. It is a screening procedure to aid in the detection of cervical cancer. False negative and false positive results do occur.

**Note:**

1. Slide / Block can be issued only on advice of the referring consultant after a minimum of 48 hours.
2. In all cases of HSIL/malignant cytology please send corresponding follow up Histopathology slides/report for correlative review and comparison.

