Easy to understand reports facilitate treatment options.



TOPA Diagnostics

351 East Rolling Oaks Drive, Suite 100 Thousand Oaks, CA 91361 805-373-8582 CLIA Number 05D1022855

Directors

Wayne M. Schultheis, M.D. Edward I Blackman M.D. Regina Singson, M.D. Jianming J. Yin, M.D. Danielle E. Westfall, M.D.

GYNECOLOGICAL CYTOLOGY REPORT

PATIENT: PATIENT, YOUR PATH#: TT00-00001 DATE COLLECTED: SEX: F 06/19/2012 D.O.B. 01/01/1946 AGE: 66 yrs PHYSICIAN: Code Doctor, M.D. DATE RECEIVED: 06/19/2012 COPY TO: DATE REPORTED: 06/19/2012 LOCATION: Physician Office

SOURCE: Cervix/Vagina (PreservCyt Solution) Not Provided

CLINICAL HISTORY: LMP: Postmenopausal

SPECIMEN ADEOUACY: Satisfactory for evaluation Endocervical component present

HORMONAL PATTERN: Hormonal pattern compatible with age and history

INTERPRETATION/RESULT:

Atypical squamous cells of undetermined significance (ASCUS)

CYTOTECHNOLOGIST: Jason Betterton, CT (ASCP) PATHOLOGIST: Regina P.C. Singson, M.D. Electronically Signed

The cervicovaginal Pap smear is a subjective screening test. It is susceptible to a certain irreducible error rate and should not be considered definitive. The diagnosis should be correlated with the clinical findings. Thin Prep pap smears are evaluated using the Cytyc computer assisted image analysis system.

HPV RESULTS:

High-risk HPV DNA assay Result: Positive (see genotyping results below)

HPV Genotyping Results:

HPV type 16: Positive HPV type 18: Negative Other high-risk HPV: Negative

Testing was performed using the Roche Cobas assay for high-risk HPV. This assay is designed to detect HPV type16, HPV type18, and other high risk HPV types (types 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66 and 68).

Current guidelines recommend incorporation of HPV genotyping results into management strategies, as follows: Cytology-negative, HPV-positive women aged 30-65: women testing positive for HPV 16/18 should be referred directly to colposcopy; women testing negative for HPV 16/18 should be co-tested in 12 months.

Cytology-ASCUS, HPV-positive women aged 21 and above: initial management consists of referral to colposcopy regardless of genotyping results. Subsequent management may be influenced by genotyping results, since a positive result for HPV 16/18 is associated with a higher risk for high-grade CIN.

These are guidelines only; management decisions should be based on the clinical situation of the individual patient. (Am J Clin Pathol 2012; 137: 516-54. CA Cancer J Clin 2012; 62: 147-172).

Barbara Zaksek, MT (ASCP) CLS

Electronically Signed



Our reports use standardized formatting and terminology with color images that make them easy to comprehend and foster patient-physician communication.

351 Rolling Oaks Drive, Suite 100 Thousand Oaks, CA 91361

Phone: 805.373.8582 Fax: 805.373.0023

Answering Service: 805.378.7761

Email Client Services at: clientservice@topathology.com