



Eastside Pathology, Inc., P.S. Specimen Collection Manual

For More Information Please Call us at 425.646.0922

HERPES SIMPLEX VIRUS (HSV) 1 / 2 TESTING THINPREP PAP SPECIMEN

Collection and Submission

Eastside Pathology offers Herpes Simplex Virus Type 1 and Type 2 PCR testing on samples collected using Preservcyte collection fluid and M4RT viral transport media. Testing can be performed in addition to the pap, HPV, and/or CT/NG test, or can be ordered alone.

Although there are approximately 50 million people infected with Herpes Simplex Virus (HSV) in the U.S., the majority of HSV transmission occurs in people unaware of their infection or who are asymptomatic when transmission occurs. The advent of sensitive PCR techniques has indicated that the magnitude and frequency of viral shedding is higher than shown previously with viral culture techniques. Women with frequent symptomatic recurrences also have frequent subclinical shedding and may be at high risk for transmitting HSV. Outbreaks and shedding tend to decrease over time the longer the patients have been infected. Suppressives (daily) antiviral therapy reduces clinical and subclinical reactivation rates, and has been successfully used in the prevention of recurrent oral and genital HSV infections.

Preservcyte samples are collected using an approved broom-like or brush/spatula sampling devices which are then rinsed in the pap collection solution. Specimens must be labeled with patient name and/or requisition number in order to be processed. Unlabeled or mislabeled samples will be held and patient ID confirmed prior to processing.

HSV 1/2 testing must be requested on the requisition. Aliquots must be taken from Preservcyte samples prior to pap processing. Once the pap is processed, the sample may be cross-contaminated and is not eligible for HSV 1/2 testing.

Samples are good for 3 weeks from date of collection at 4-25°C. Preservcyte vials collection kits are individually dated with an expiration date and should not be used after this date.

LIMITATIONS OF THE METHOD

- The HSV 1/2 is a qualitative test. Interpretation of these results should be made with consideration of all clinical and laboratory findings.
- A negative result does not exclude the possibility of HSV infection, but may reflect sample inadequacy due to collection, stage of infection, or viral levels below the sensitivity of this assay.
- The frequency, pattern, and anatomical sites of subclinical shedding of Herpes Simplex virus (HSV) in the genital tract, along with factors that predict such shedding, have not been well characterized.

PATIENT PREPARATION

- For best results, smears should be taken at mid-cycle (between day 12- 18), although this is not essential. Smears should never be taken during active menstruation. **Excess blood may cause false positive results.**
- Patients should be instructed to refrain from intercourse, douching, and the use of intravaginal medications for 48 hours prior to examination.

COLLECTING THE THINPREP PAP SPECIMEN

1. Insert an unlubricated speculum. Tap water or a small amount of normal saline may be used to moisten the speculum. *NOTE: Replens Lubricant has been shown to inhibit PCR and may yield false negative results.*
2. Using a cotton swab, gently remove any visible exudate from the surface of the cervix. **DO NOT** use any acetic acid dilution prior to collecting the pap. *NOTE: Mucous may inhibit PCR, causing false negatives.*

Broom Collection Device

- a. Using a broom-like device, insert the central bristles deep enough into the endocervical canal so that the outer bristles fully contact the ectocervix. Push gently and rotate 5 times.
- b. Immediately rinse the broom into the PreservCyt solution vial by pushing the broom into the bottom of the vial 10 times, forcing the bristles apart.
- c. As a final step, swirl the broom vigorously to release any additional material. Failure to adequately rinse the collection device may result in a sample with low cellularity and consequently, QNS HPV results or false negative CT/NG results. Discard the collection device. **DO NOT LEAVE COLLECTION DEVICE HEAD IN VIAL.**

Brush/Spatula Collection Device

- a. Using the contoured end of the plastic spatula, rotate 360° around entire exocervix, maintaining tight contact with exocervical cervix.
- b. Rinse spatula in PreservCyt by swirling vigorously 10 times.
- c. Insert Cytobrush Plus GT device into cervix so that only the bottom most bristles are exposed. Slowly rotate ¼ to ½ turn in one direction. **DO NOT** over rotate, as this may cause excessive bleeding and contaminate the specimen.
- d. Rinse cytobrush in PreservCyt solution by rotating 10 times while pushing against the wall of the vial. Swirl device vigorously to release as much material as possible. Failure to adequately rinse the collection device may result in a sample with low cellularity and consequently, QNS HPV results or false negative CT/NG results. Discard the collection device. **DO NOT LEAVE COLLECTION DEVICE HEAD IN VIAL.**

For All Samples

3. Cap the vial and label with patient name and requisition number.
4. Complete the requisition, including the following patient information:
 - a. Test ordered
 - b. Patient name, date of birth, age, address and insurance information
 - c. Physicians name
 - d. Date of examination
 - e. Patients social security number
 - f. Last menstrual period or other pertinent menstrual information
 - g. Any other pertinent Gyn information or observations
 - h. Number of vials sent
 - i. History of abnormal Gyn cytology or histology
5. Place the vial inside a biohazard bag and the requisition into the side pouch.