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**Lab Dept:**                      **Anatomic Pathology**

**Test Name:**                    **HPV HIGH RISK**

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**General Information**

**Lab Order Codes:**            HPVHR

**Synonyms:**                    Human Papillomavirus Molecular Testing; HPV Genotyping

**CPT Codes:**                    87624 - Infectious agent detection by nucleic acid [DNA or RNA]

**Test Includes:**                HPV Genotypes 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66 and 68

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***Logistics***

**Test Indications:**            Collected and ordered with Pap testing (see [PAPSR](#)), this test is useful for the detection of high risk HPV in gynecological specimens (14 genotypes). These genotypes have been identified as the principal HPVs detectable in cancers.

**Lab Testing Sections:**        Anatomic Pathology - Sendouts

**Referred to:**                    Abbott Northwestern Hospital Molecular Diagnostics– Allina Code: 6595

**Phone Numbers:**              MIN Lab: 612-813-6280

STP Lab: 651-220-6550

**Test Availability:**              Daily, 24 hours

**Turnaround Time:**            8 days not including weekends and holidays

**Special Instructions:**        An Allina Cytology Requisition must be filled out to accompany the specimen. Contact the Allina Laboratory Representative or Children's Minnesota Referral (Sendouts) Lab department for an updated form.

The name on the ThinPrep vial must match the name on the requisition.

Please give complete information regarding the patient's menstrual status, previous Pap and/or biopsy and surgical history, and home address.

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***Specimen***

**Specimen Type:**                Cervical

**Container:** ThinPrep Pap Test Kit with PreservCyt Solution vial (clinics must obtain the kits directly from the Allina Cytology Lab at Abbott Northwestern Hospital by calling 612-863-4678, option 2 if there are none on hand).

**The same ThinPrep specimen is used for both Pap cytology and HPV molecular testing.**

**Collection:** **Ectocervix/Endocervix:**

1. Write or label the patient's name and ID number on the PreservCyt Solution vial. Record the patient information and medical history on the Allina Cytology Request Form.

2. Obtain an adequate sampling from the ectocervix using a plastic spatula and endocervical brush.

3. Rinse the spatula into the PreservCyt Solution in the collection vial by swirling the spatula vigorously 10 times. Discard the spatula.

4. Endocervical brush – Insert the brush into the cervix and slowly rotate  $\frac{1}{4}$  to  $\frac{1}{2}$  turn in one direction (bloody specimen if over-rotated).

5. Swirl the brush in the vial solution 10 times while pushing against the vial wall, then swirl vigorously. Discard the brush.

6. Tighten the cap so that the torque line on the cap passes the torque line on the vial.

7. Send the labeled specimen to the lab.

**Special Processing:** Lab: Ensure that the Allina Cytology request form is complete with patient demographics (including home address) and correct order information. Store and transport ambient. Forward promptly.

Specimen is stable at ambient temperature for 30 days.

**Patient Preparation:** Physician preference

**Sample Rejection:** Improperly handled/labeled specimen (unlabeled/double labeled); improper storage; leaking containers.

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### ***Interpretive***

**Reference Range:** See interpretive report

**Methodology:** Cobas 4800 HPV Test (IVD, Roche)

**References:** [Allina Laboratory](#) April 2024

**Updates:** 4/23/2024: Initial entry

