

**Reporting Title:** HPV Vaginal Detect / Genotyping PCR**Performing Location:** Rochester**Necessary Information:**

Specimen source is required.

**Specimen Requirements:**

Specimen Type: Vaginal

Container/Tube: ThinPrep/PreservCyt solution vial

Specimen Volume: 3 mL of solution in ThinPrep/PreservCyt vial

Collection Instructions:

1. Bag ThinPrep specimens individually as they have a tendency to leak during transport.
2. Place labels on the vial and on the bag.

**Specimen Minimum Volume:**

1 mL

**Forms:**

If not ordering electronically, complete, print, and send a Microbiology Test Request (T244) with the specimen.

| Specimen Type | Temperature         | Time    | Special Container |
|---------------|---------------------|---------|-------------------|
| Vaginal       | Ambient (preferred) | 42 days |                   |
|               | Refrigerated        | 42 days |                   |

**Result Codes:**

| Result ID | Reporting Name                 | Type         | Unit | LOINC®  |
|-----------|--------------------------------|--------------|------|---------|
| 619403    | HPV High Risk type 16, PCR     | Alphanumeric |      | 61372-9 |
| 619404    | HPV High Risk type 18, PCR     | Alphanumeric |      | 61373-7 |
| 619405    | HPV other High Risk types, PCR | Alphanumeric |      | 77375-4 |

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No



**CPT Code Information:**

87624

G0476 (if appropriate)

**Reference Values:**

Negative for human papillomavirus (HPV) genotypes 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68