Human Papilloma Virus (HPV) Testing

HPV testing may be performed directly from the ThinPrep vial (the preferred method) or from the Digene Hybrid Capture II swab (green).

The HPV DNA Hybrid Capture II tests for the following serotypes:
Low Risk Serotypes: 6, 11, 42, 43 and 44
High Risk Serotypes: 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68

HPV testing is offered reflexively based on the results of the Pap test. HPV contracts (standing orders) are available to each provider based on the criteria they choose for HPV testing to be performed on the pap. The contract eliminates the need to order HPV on each patient requisition.

Examples of reflexive HPV testing criteria available:

- HPV (low and high risk) on all Pap tests resulted as Atypical Squamous Cells
- HPV (low and high risk) on all Pap tests resulted as Atypical Squamous Cells and LSIL
- HPV (high risk only) on all Pap tests resulted as Atypical Squamous Cells

Once completed, the HPV results are reported as an “addenda” to the pap report.

Additional Testing from the ThinPrep Vial

The following tests can be performed from the ThinPrep Pap Test vial in addition to the Pap test and HPV typing:

- CT (Chlamydia trachomatis)
- NG (Neisseria gonorrhoeae)
- HSV (Herpes simplex virus, types I & II)
- Cystic Fibrosis (consent form required)

Molecular testing for CT/NG may also be submitted via swabs. Submit one Aptima Gen-Probe (purple) collection kit and mark the requisition. Please note- use the large white swab to clean excess mucus from female patient and then discard. Then use the blue swab to collect the female endocervical or male urethral specimen.

The molecular tests listed above will be reported separately from the pap report.

All tests must be performed within 21 days of specimen collection.

Clinicians may call Highlands Pathology and request any add-on test from the ThinPrep vial after the results of the Pap test are received.