

Problem Areas With Pap Smears

The following list represents frequently encountered problems with Pap smears submitted to our laboratory:

Slide not labeled with patient's name (or labeled in ink instead of pencil):

Federal Law (CLIA '88) mandates that all Pap smears received by a laboratory be labeled with the patient's name. We can no longer accept an unlabeled smear. To do so invites problems with specimen mix-up, an error to avoid at all costs, and is also against the law.

Please label the slide **in pencil before the sample collection in the presence of the patient**. This allows direct continuation of correct patient and slide. Chemicals used in the staining process will dissolve ink and result in smears without names. Pencil writing over a slide coated with fixative will also dissolve during staining. Glass slides labeled before the patient is seen and the procedure begins can be mixed up inadvertently with other labeled slides, thus causing serious patient specimen error.

Including the frosted end of the slide in the smear:

A Pap smear should be smeared only on the unfrosted portion of the slide. The frosted end of a slide is designed for writing the patient's name. It will be covered with a permanent identification label once the Pap smear is stained and coverslipped. Cells smeared in this region of the slide cannot be screened and could potentially result in a false-negative smear.

Requisition form problems:

InCyte Pathology establishes and maintains a detailed computer record on each patient. We use this database to review current and previous specimens from the patient each time we receive a specimen. To maintain an accurate record requires that up-to-date and legible information be provided on the requisition forms.

When appropriate, please use the preprinted labels on the bottom of the previous cytology report to save time and avoid errors. Please correct any information that may have changes (e.g., name, insurance number).

SOCIAL SECURITY NUMBER: This number provides the only unique "match" for our computer system to directly access a given patient. Many patients in our files have the same or similar names.

Some of these patients even have identical birthdays. Because of this, we request a social security number as a unique identifier for the patient in our system.

FULL NAME: Nicknames confuse our computer. Also, although we can determine when a woman has recently married (using her social security number), we appreciate being notified when a patient's name has changed.

BIRTH DATE: Provides further information to uniquely identify the patient in our database. In addition, the age calculated from the birth date provides information essential to the pathologist in interpretation of Pap findings.

CLINICAL HISTORY: A few choice words can be rapidly written to insure that the Pap smear is interpreted accurately. "Previous dysplasia," "history of irradiation," "cone biopsy 6/92," and/or "history endometrial adenocarcinoma" provide information often essential in interpretation of Pap findings.

Poorly collected, poorly preserved, or poorly prepared smears:

A well collected, rapidly fixed smear is a prerequisite to quality Pap screening. Our Anatomic Pathology Services Manual contains specific instructions on how to collect a Pap smear and recommendations for preparing a good smear. It is important to remember that fixative should be applied to a smear **immediately** after it has been prepared. The cells begin to dry out the moment they are smeared into a monolayer, and are often irretrievably dried after 10 seconds.