



Final

MDL#: 12414196

Test Results

Date Received: 6/23/2022

Date Reported: 7/1/2022

CLINICAL INFORMATION

Test Type: 1301 - Liquid Pap Test

Site of Collection: Cerv/End

LMP Date: N/A

Date of Collection: 6/22/2022

Clinical History: N/A

Previous Results: N/A

Patient information SSN:N/A DOB:2/13/1979 (Age:43)

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123 MAIN ROAD
APT 2B
VINELAND, NJ 08360

Home: (856) 500-5555

Patient ID: 1234567

Ordering Physician/Lab:

NPI: 1234567890

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PATHOLOGY RESULTS

SPECIMEN ADEQUACY: SATISFACTORY FOR EVALUATION. ENDOCERVICAL AND/OR SQUAMOUS METAPLASTIC CELLS (ENDOCERVICAL COMPONENT) ARE EVIDENT.

DIAGNOSTIC CATEGORY: EPITHELIAL CELL ABNORMALITY.



INTERPRETATION / **LOW GRADE SQUAMOUS INTRAEPITHELIAL LESION (LSIL)**

DIAGNOSIS: **ALSO PRESENT ARE A FEW ATYPICAL CELLS WITH HIGHER NUCLEAR TO CYTOPLASMIC RATIO (ASC-H).**

Case#: 22-G052108a

Comments: appropriate clinical management is suggested.

Previous Accession(s): N/A1. 18-G148550a 10/3/2018A: Epithelial Cell Abnormality..Low grade squamous intraepithelial lesion (LSIL).

	The Pap Test is a cytology-based cancer screening which is a highly effective test in diagnosing cancer. However, because the Pap Test is inherently prone to sample-quality variation, subjective interpretation error, and false-negative sampling, physicians should utilize the test results in conjunction with other clinical best practices. This liquid-based ThinPrep® pap test was screened with the assistance of the Hologic Duo image-guided system. For more information please go to our website: www.mdlab.com/papsmear.	
Marideth de Castro, CT (ASCP) Cytologist		Jing-Jing Yang, M.D. Pathologist

MOLECULAR RESULTS

Date Collected	Specimen	Source	Normal	Abnormal	Reference/Units/Comments
* 105	Chlamydia trachomatis by Real-Time PCR (Reflex to Azithromycin Resistance by Pyrosequencing)			Positive	A2058C mutation detected. Suggestive of macrolide resistance.
6/22/2022	Verified 6/23/2022 Thin-Prep - 1	Cerv/End			
* 167	Neisseria gonorrhoeae by Real-Time PCR (Reflex to Antibiotic Resistance by Molecular Analysis)			Positive	****Ceftriaxone/cefixime resistance mutations not detected.
6/22/2022	Verified 6/23/2022 Thin-Prep - 1	Cerv/End			
* 739	HPV Type-Detect 4.0 by Real Time PCR High Risk Subtypes Only		Not Detected		Subtypes HPV: No subtypes detected. See explanation below.
6/22/2022	Verified 6/24/2022 Thin-Prep - 1	Cerv/End			

*This test was developed and its performance characteristics determined by the laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration.

The FDA has determined that such clearance or approval is not necessary.

Thin-Prep-1;739:HPV Type-Detect 4.0 by Real Time PCR High Risk Subtypes Only

No HPV subtypes were detected. The following were tested: High Risk: 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, and 68.

Thin-Prep-1;105:Chlamydia trachomatis by Real-Time PCR (Reflex to Azithromycin Resistance by Pyrosequencing)

The A2058C mutation within the 23S rRNA gene has been identified as one mechanism of macrolide resistance (Misurina OY et al. Anti Microb Agents and Chemother. 2004). A negative result does not rule out the possibility of resistance in all instances

Thin-Prep-1;167:Neisseria gonorrhoeae by Real-Time PCR (Reflex to Antibiotic Resistance by Molecular Analysis)

****The specimen was tested for antibiotic resistance to Ceftriaxone and Cefixime. The PenA gene of Neisseria gonorrhea is analyzed for mosaicism and the following amino acid substitutions: 201->H, 202->A, 203->G, 204->E, Q230->K, A 311->V, I312->M, V316->T/P, and A323->S.

A positive result is provided for bacteria, virus, parasites, and/or fungal species when PCR amplification (real-time PCR), sequence information (Pyrosequencing), and/or sequencing analysis occurs above cut-off levels established by the laboratory. Pertinent reference intervals for the tests reported above are available from the laboratory upon request.