Ms. ANGELA WOOLLEY

PID NO: P36180009352
Age: 30 Year(s) Sex: Female

Reference:
Sample Collected At:
GILEAD MEDICAL & DENTAL CENTER HOUSE NO BALB NO C896/3,KANDA HIGHWAY NORTH RIDGE,ACCRA-14911.
014911

VID: 36180109715
Registered On:
23/07/2018 05:20 PM
Collected On:
23/07/2018
Reported On:
31/07/2018 01:14 PM

Investigation	Observed Value	Unit	Biological Reference Interval
FSH - Follicle Stimulating Hormone (Serum)	6.80	mIU/mL	Normal Menstruating Women Follicular Phase : 3.0 - 12.0 Mid Cycle Phase : 8.0 - 22.0 Luteal Phase : 2.0 - 12.0 Post Menopausal : 35.0 - 151.0
LH- Luteinizing hormone (Serum,CMIA)	4.50	mIU/mL	Follicular phase: 2.4-12.6 Midcycle peak: 14.0-95.66 Luteal phase: 1.0-11.4 Post menopausal: 7.7-58.5 Post Menopausal: 7.7-58.2

Interpretation :

Intact PTH has been demonstrated to be labile and is susceptible to fragmentation. This instability depends on both time and temperature . In room temperature EDTA sample stability is 8 hours and serum is for 4 hours. At 4degree C. EDTA sample stability is 72 hours and serum is for 48 hours.

E2 Estradiol Serum
(Serum,CMIA)

E2 - Estradiol level	42.00	pg/mL	Follicular phase: 12.5-166 Ovulating: 85.8-498 Luteal phase: 43.8-211 Post Menopausal: 5-54.7

Mr. David Adjei Adu
Bsc.Biomedical Scientists

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HPV DNA Detection And Typing

Test Principle : PCR - Sequencing

Specimen : Material In LBC Container

Result :

HPV DNA Detection	**NOT DETECTED**
HPV GENOTYPE	**--**

Result Interpretation:

- A "NOT DETECTED" result indicates the absence of HPV virus in the specimen.
- A "DETECTED" result indicates the presence of HPV virus in the specimen.
- All the result should always be correlated by clinical status and history of the patient.

Clinical Background:

- Molecular detection of HPV DNA is currently the gold standard for identification of HPV.
- The viral DNA is amplified in vitro by DNA polymerase to generate adequate amount of target, which is then directly visualized on the gel and sequenced to detect the specific genotype.
- The sensitivity of PCR based method is about 100 HPV viral genomes in a background of 100ng cellular DNA with a specificity of >98%. An internal control of 268bp is run for every sample to validate the assay.

Clinical Utility:

- Over 120 HPV types have been identified and over 30 types are transmitted sexually making HPV the most common sexually transmitted disease (STD).
- High-risk HPV includes 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58,59, 68, 69 of which type 16 and 18 cause about 70 percent of cervical cancers.
- However, the low-risk types which rarely develop into cancer include 6, 11, 40, 42, 43, 44, 53, 54, 61, 72, 73 and 81 of which type 6 and 11 are linked to about 90 percent of genital warts.
- HPV status and the genotype involved in infection have an important clinical significance.
- Persistent infection of specific types of high risk HPV is essential for progression of cervical lesions that are likely to develop cancer.

Limitation of the Assay: Presence of PCR inhibitors in the sample prevents DNA amplification for HPV detection. Unknown risk genotypes are identified by this assay.
Note: This test has been developed and its performance validated at Molecular Biology Department, Metropolis Healthcare Ltd.
Reference: Husman et. al., 1995. Journal of General Virology, 76:1057-1062.;
Winder et. al., 2009. BMC Cancer, 9:440.

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PAP SMEAR EXAMINATION

Case Summary

CASE NO	18 ML G - 9908
SPECIMEN	PAP SMEAR – LIQUID BASED CYTOLOGY
DIAGNOSIS	Negative For Intraepithelial Lesion or Malignancy (NILM)

Clinical Notes	-
Gross Examination	Specimen received in PreservCyt solution vial
MICROSCOPIC EXAMINATION	
SPECIMEN ADEQUACY	satisfactory for evaluation;endocervical/transformation zone component present.
Superficial cells	Present
Intermediate cells	Present
Deep parabasal/ Basal cells	-
Parabasal cells	-
Metaplastic squamous cells	-
Endocervical cells	Present
Others	-
Inflammation	Severe
ORGANISMS	
Doderlein bacilli	-
Trichomonas Vaginilis	-
Fungal organisms	-
Others	-
EPITHELIAL CELL ABNORMALITIES	Not Detected
SQUAMOUS CELLS	-
GLANDULAR CELLS	-

Note :
"Cervical cytology is a screening test and has associated false negative and false positive results. Regular sampling and follow up is recommended".

Processing Method : ThinPrepTM 2000 System. **Staining :** Papanicolaou method

Clinical Application :

1. The smears are reported using the Bethesda System for Reporting Cervical Cytology (2014)
2. New Cervical Cancer Screening Recommendations from the U.S. Preventive Services Task

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Force and the American Cancer Society/American Society for Colposcopy and Cervical Pathology/American Society for Clinical Pathology. *March 15, 2012, issue of Annals of Internal Medicine*

Population	USPSTF	ACS/ASCCP/ASCP
Younger than 21 years	Recommends against screening. Grade: D recommendation.	Women should not be screened regardless of the age of sexual initiation or other risk factors.
21–29 years	Recommends screening with cytology every 3 years. Grade: A recommendation	Screening with cytology alone every 3 years is recommended.
30–65 years	Recommends screening with cytology every 3 years or for women who want to lengthen the screening interval, screening with a combination of cytology and HPV testing every 5 years. Grade: A recommendation.	Screening with cytology and HPV testing (“co-testing”) every 5 years (preferred) or cytology alone every 3 years (acceptable) is recommended.
Older than 65 years	Recommends against screening women who have had adequate prior screening and are not otherwise at high risk for cervical cancer. Grade: D recommendation.	Women with evidence of adequate negative prior screening and no history of CIN2+ within the last 20 years should not be screened. Screening should not be resumed for any reason, even if a woman reports having a new sexual partner.
After hysterectomy	Recommends against screening in women who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous lesion (ie, CIN 2 or 3) or cervical cancer. Grade: D recommendation	Women of any age following a hysterectomy with removal of the cervix who have no history of CIN2+ should not be screened for vaginal cancer. Evidence of adequate negative prior screening is not required.

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		Screening should not be resumed for any reason, including if a woman reports having a new sexual partner.
HPV vaccinated	Women who have been vaccinated should continue to be screened.	Recommended screening practices should not change on the basis of HPV vaccination status.

-- End of Report --

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