Government of Western Australia
North Metropolitan Health Service
WA Cervical Cancer Prevention Program

Vaginal sampling card

Cervical screening: Recommended techniques and devices for a self-collected vaginal sample

Cervical screening is recommended:

every 5 years

for asymptomatic women and people with a cervix

aged 25 to 74

who have ever had any sexual contact

Contact the National Cancer Screening Register to:

- Access patient cervical screening information
- Manage your patients' participation

Phone
1800 627 701

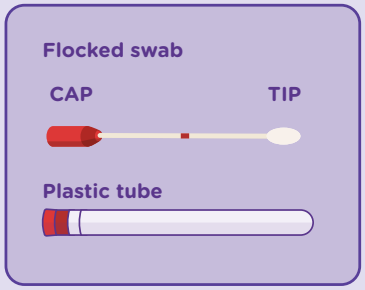
NATIONAL CERVICAL SCREENING PROGRAM
A joint Australian, State and Territory Government Program

Collection devices

Self-collection devices and sample preparation methods can vary among pathology laboratories.

Talk to your pathology provider to:

- Confirm they can process self-collected vaginal samples, or can refer self-collected vaginal samples to an accredited laboratory.
- Order the correct devices and/or consumables for offering self-collection.



Special notes

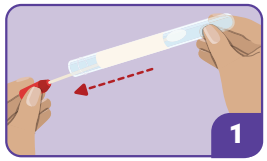
If HPV is detected: Patients will need to return for a cervical sample to be collected or be referred to a specialist for further investigation.

Pregnancy: Patients due for cervical screening during pregnancy may be offered the option of a self-collected vaginal sample for HPV testing.

Collecting a vaginal sample

1. Preparing the swab

- Twist the CAP and remove the swab from the plastic tube. Do not put the swab down.
- Make sure not to touch the TIP that will be inserted to collect the sample.

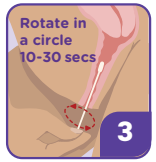


2. Inserting the swab

- Use the free hand to move skin folds at the entrance of the vagina.
- Gently insert the TIP of the swab into the vagina a few centimetres.

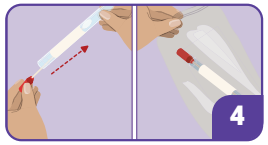
3. Taking the sample

- Rotate the swab gently in the vagina in a circular motion for 10-30 seconds (in any direction). This may feel a bit uncomfortable but should not hurt.
- Gently remove the swab from the vagina.



4. Returning the sample

- Place the swab back into the plastic tube with the TIP of the swab going in first.
- Screw the CAP back on and return it for testing.



5. Sample preparation | For providers

- **Dry (swab only) – write date of collection on sample.** Send to the laboratory for processing.
- **Wet (swab and vial) – recommended for use in clinic.** Immerse the tip of the returned swab in the medium to the bottom of the vial, swirling and touching the sides for 20 seconds. Remove the swab from the vial, recap the vial, and send to the laboratory for processing.

Practice points

Setting

Sample collection and swab return, including pathology requirements such as complete patient and test details, are considered more likely when performed at the clinic.

Supervision

There is no requirement to observe the patient collecting their sample, unless it is the patient's preference or request.

Providing assistance

Patients experiencing difficulty or who are not confident collecting a vaginal sample using a swab by themselves could be assisted by the provider. The sample should be recorded as 'self-collected' on the pathology request form, even if assistance is provided.

Menstruating

The presence of menstrual blood may rarely result in inhibition of a sample. A self-collected screening test should not be deferred if it is unlikely the patient will return at a later date.

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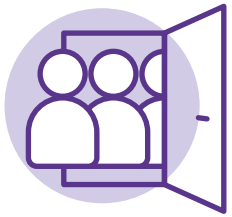
Cervical screening: Supporting the option of a self-collected vaginal sample

Why offer self-collection?

- A self-collected vaginal sample is just as accurate for HPV testing as a clinician-collected sample from the cervix.
- Offering self-collection provides a level of control and greater choice.
- Self-collection can remove some cultural and personal barriers to screening.



Who is eligible for self-collection?

Self-collection of a vaginal sample for screening is an option for:

- Anyone who is eligible for cervical screening.
- Follow-up HPV testing after an intermediate risk result.
- Cervical screening during pregnancy.

Who is not eligible for self-collection?

Self-collection of a vaginal sample is not suitable when a co-test is required.

Patients who require a co-test (both a HPV test and liquid-based cytology (LBC) on the same sample) include those who:

- Are symptomatic, for example, experiencing unusual vaginal bleeding, pain or discharge.
- Are undergoing Test of Cure surveillance after treatment of high-grade squamous intraepithelial lesion (HSIL).
- Are undergoing monitoring following treatment of adenocarcinoma in situ (AIS).
- Have had a total hysterectomy with a history of HSIL.
- Have been exposed to diethylstilboestrol (DES) in utero.

When discussing self-collection with patients

Explain the following:

- A self-collected sample is from the vagina (not the cervix) and can only be tested for HPV. Cell changes cannot be examined in this sample and the cervix will not be viewed.
- If HPV is detected in the self-collected test, patients will need to return for a clinician-collected cervical sample which can be checked for cell changes.
- How patients will receive their test results.

To access a patient instruction sheet

Requesting pathology tests for a self-collected sample

Information to include on the pathology request form:

- A clear indication that the sample has been self-collected, write 'Cervical Screening Test (CST) - self-collected' or 'Self-collect HPV follow-up test'.
- Record whether the patient is of Aboriginal origin, Torres Strait Islander origin, or both.

Key resources

National Cervical Screening Program Clinical Guidelines

Pathology test guide for cervical and vaginal testing

WA Cervical Cancer Prevention Program (WACCPP)

For further local resources and information visit **kemh.health.wa.gov.au/cervical**

This document can be made available in alternative formats on request.

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