2 AUGUST 2023

REPORTING HPV TESTS AND CYTOLOGY RESULTS FOR THE NCSP

Codes, descriptors and report formatting

Time to screen

National Cervical Screening Programme

New Zealand Government

This document defines the codes and descriptors used to report HPV tests and cytology results in New Zealand laboratories from 12th September 2023.

The Bethesda System for Reporting Cervical Cytology 2014 (NZ Modified) is used for cytology.

Reference to previous cytology codes used in New Zealand prior to 2023 are recorded to allow interpretation of historical records.

The recommendation comments are to be used for reports which include both HPV and cytology results in one report, as well as for use with separate HPV or cytology reports.

SPECIMEN TYPE AND SITE

Key:

- New field for HPV primary screening
- Codes used since 2005 (still current)
- Codes retained for historical reference only

Specimen types

- Specimen type is mandatory
- Only *one* specimen type is allowed

Code	Descriptor
SWB	Swab sample
LBC	Liquid based cytology
CPS	Conventional Pap Smear*
COM	Combined (conventional and liquid based)*

Specimen site

- Specimen site is mandatory

Code	Descriptor
R	Cervical
V	Vaginal
T	Vault*

* Retained for historical reference

HPV TEST REPORTING

GENERAL CATEGORISATION HPV TESTING

A General Categorisation code is mandatory

- Only *one* General Categorisation code for the HPV Test result is allowed

Code	Descriptor
ND	HPV: NOT DETECTED
D	HPV: DETECTED
UNS	HPV: UNSUITABLE FOR ANALYSIS
INV	HPV: INVALID

HPV TEST RESULTS

Code	Descriptor
UNS	The sample is unsuitable for analysis because the collection tube/vial was leaking on receipt in the laboratory.
INV	The HPV test was invalid. No result is available.
ND	HPV: Not Detected
	HPV Detected: HPV-16
	HPV Detected: HPV-18
	HPV Detected: HPV-Other
	HPV Detected: HPV-31
	HPV Detected: HPV-45
	HPV Detected: HPV-51

	HPV Detected: HPV-52
	HPV Detected: HPV-33
	HPV Detected: HPV-58
	HPV Detected: HPV-56
	HPV Detected: HPV-59
	HPV Detected: HPV-66
	HPV Detected: HPV-35
	HPV Detected: HPV-39
	HPV Detected: HPV-68
	Onclarity Group 1: HPV-33/58
	Onclarity Group 2: HPV-56/59/66
	Onclarity Group 3: HPV-35/39/68
	Alinity Group A: HPV-31/33/52/58
	Alinity Group B: HPV-35/39/51/56/59/66/68

CYTOLOGY REPORTING

GENERAL CATEGORISATION CYTOLOGY

Codes prior to 2005	Codes TBS2001 and TBS2014	Descriptor	Grade
B1	G1	CYTOLOGY: NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY	N
B2A2	G2	CYTOLOGY: EPITHELIAL CELL ABNORMALITY	ABN
	G3	CYTOLOGY: OTHER ABNORMALITY (NON-EPITHELIAL)	ABN

Deriving General "G" codes		
Interpretation		**Derived General "G" codes**
Unsatisfactory	"U" Code	No G code
	Plus infection	U + O code
	Plus endometrial cells	U + OT2 code
	Plus atrophy	U + OT3 code
Negative	No "I" code	G1
	Plus infection	G1 + O code
	Plus reactive	G1 + OT1 code
	Plus endometrial cells	G1 + OT2 code
	Plus atrophy	G1 + OT3 code
Abnormal	Except AC5	G2
	AC5	G3
• "O1-O5", "OT2", and "OT3" codes may be used with "U" codes (no "G" code with U code) • "O1-O5" and "OT1-OT3" codes may be used with normal and abnormal codes = "G1", "G2" or "G3"		

CYTOLOGY REPORTING: BETHESDA 2014 (NZ MODIFIED)

Adequacy

- An Adequacy code is mandatory
- Either *one* S code **or** *a maximum of two* U codes are allowed

Codes used prior to 2005	Codes for TBS2001 and TBS2014	Descriptor
A1	S1	The specimen is satisfactory for evaluation.
A2G	S2	The specimen is satisfactory for evaluation. No endocervical/transformation zone component is present.
A3A	UA	The specimen is unsatisfactory for evaluation because of insufficient squamous cells.
A3B	UB	The specimen is unsatisfactory for evaluation because of poor fixation/preservation.
A3C	UC	The specimen is unsatisfactory for evaluation because foreign material obscures the cells.
A3D	UD	The specimen is unsatisfactory for evaluation because inflammation obscures the cells.
A3E	UE	The specimen is unsatisfactory for evaluation because blood obscures the cells.
A3F	UF	The specimen is unsatisfactory for evaluation because of cytolysis.

Interpretation (previously "diagnosis")

- A maximum of *five* interpretation codes are allowed
- A G2 code is mandatory with any of the following: ASL, ASH, LS, HS1, HS2, SC, AG1-AG5, AC1-AC4, AC6
- A G3 code is mandatory with AC5
- Only O1-O5, OT2 and OT3 codes are allowed with an unsatisfactory (UA-UG) report
- OT2 may be accompanied with a qualifying clause for sample takers (*see note below)

Codes used prior to 2005	Codes for TBS2001 and TBS2014	Descriptor	Grade
C1C1	O1	There are organisms consistent with *Trichomonas* species.	N
C1A1	O2	There are fungal organisms morphologically consistent with *Candida* species.	N
C1B1	O3	There is a shift in microbiological flora that may represent bacterial vaginosis.	N
C1B2	O4	There are bacteria morphologically consistent with *Actinomyces* species.	N
C1D2	O5	There are cellular changes consistent with *Herpes simplex* virus.	N
C2A1 (C2A1A) C2B1A (C2B1B) C2B2 (C2B2A)	OT1	There are reactive cellular changes present. (optional free text)	N

C2B4			
C3B1 C3B1A C3B1B C3B1C	OT2	There are normal endometrial cells present in a person aged 45 years or older. The presence of normal endometrial cells in a person aged 45 years or older can occur with menstruation, contraceptive use, hormone replacement therapy or rarely, endometrial pathology including hyperplasia or neoplasia. Please correlate with any symptoms of uterine pathology such as abnormal uterine bleeding, and refer/investigate accordingly.	N
C2A4 (C2A4A)	OT3	There are atrophic cellular changes present. A course of oestrogen is recommended for 2-3 weeks prior to the next cytology sample or prior to colposcopy.	N
C3A1 C3A1A C3A1B C3A1C C3A1D C3A1F	ASL	There are atypical squamous cells of undetermined significance (ASC-US) present.	LG
C3A2A C3A2A1 C3A2A2 C3A2A3	LS	There are abnormal squamous cells consistent with a low grade squamous intraepithelial lesion (LSIL; CIN1/HPV).	LG
C3A1E	ASH	There are atypical squamous cells present. A high grade squamous intraepithelial lesion cannot be excluded (ASC-H).	HG
C3A2B C3A2B1 C3A2B2 C3A2B3 C3A2B4 C3A2B5 C3A2B6	HS1	There are abnormal squamous cells consistent with a high grade squamous intraepithelial lesion (HSIL). The features are consistent with CIN2 or CIN3.	HG
	HS2	There are abnormal squamous cells consistent with a high grade squamous intraepithelial lesion (HSIL) with features suspicious for invasion.	HG
C3A3	SC	There are abnormal squamous cells showing changes consistent with squamous cell carcinoma.	HG

C3B2B C3B2B1	AG1	There are atypical endocervical cells present.	HG
C3B2A C3B2A1	AG2	There are atypical endometrial cells present.	HG
C3B2 C3B2C C3B2E	AG3	There are atypical glandular cells present.	HG
C3B2B2	AG4	There are atypical endocervical cells favouring a neoplastic process.	HG
C3B2D	AG5	There are atypical glandular cells favouring a neoplastic process.	HG
C3B3D C3B3E C3B3F	AIS	There are abnormal endocervical cells consistent with adenocarcinoma in-situ (AIS).	HG

C3B3A	AC1	There are abnormal glandular cells consistent with endocervical adenocarcinoma.	HG
C3B3B	AC2	There are abnormal glandular cells consistent with endometrial adenocarcinoma.	HG
C3B3C	AC3	There are abnormal glandular cells consistent with extra-uterine adenocarcinoma.	HG
C3B3	AC4	There are abnormal glandular cells consistent with adenocarcinoma.	HG
C3C C4	AC5	There are abnormal cells consistent with a malignant neoplasm.	HG
	AC6	There are abnormal cells consistent with carcinoma. Further classification is not possible.	HG

RECOMMENDATION CODES: FOR USE WITH HPV TEST REPORTS AND/OR CYTOLOGY REPORTS

Recommendation codes for use after July 2023	Descriptor
H1	The next HPV screening test should be taken in 5 years, based on the NCSP Register history.
H2	The next HPV screening test should be taken in 3 years because of the clinical history of immune deficiency.
H3	Please repeat the liquid-based cytology (LBC) sample for cytology in 6 to 12 weeks.
H4	Please repeat the HPV test. No delay before repeat testing is needed.
H5	Please repeat the HPV test in 12 months. A liquid-based cytology (LBC) sample is recommended as cytology may also be indicated.
H6	Please recall for a liquid-based cytology (LBC) sample in 6 to 12 weeks so that the HPV test and cytology can both be repeated.
H7	Please recall now for a liquid-based cytology (LBC) sample, as cytology is indicated.
H8	Referral for specialist colposcopy assessment is indicated.
H9	Referral for specialist gynaecology assessment is indicated.
H10	Urgent referral for colposcopy assessment is indicated.
H11	Urgent referral for specialist gynaecology assessment is indicated
H12	Referral for colposcopy is indicated. A liquid-based cytology (LBC) sample for cytology prior to colposcopy is recommended.
H13	Under specialist care.
H14	*(Used as a Dummy code for transition purposes to allow some reports taken in the cytology programme and reported or amended in the HPV programme to be accepted by the NCSP Register. There is no recommendation wording in the report attached to this H-code)*
H15	HPV testing and cytology (Test of Cure) are indicated in 12 months. A liquid-based cytology (LBC) sample is required.
H16	Please recall now for a liquid-based cytology (LBC) sample for cytology as this is required for a Test of Cure.
H17	Annual co-test screening (an LBC sample for cytology and HPV testing) is indicated because of the history of a previous HPV-negative high-grade cervical or vaginal lesion, or a history of AIS where the HPV status prior to treatment is unknown.

H18	No further cervical or vaginal screening tests are indicated. HPV testing or cervical/vaginal cytology should only be requested if clinically indicated.
H19	(Blank)
H20	Please manage this result in the clinical context in which it was taken. The result will be recorded on the NCSP Register but in view of the participant's age, the result will not be followed up by the NCSP Register.
H21 (for transition)	Please recall in 3 years for an HPV primary screening test, or in 12 months if the screening participant is immune deficient.

ADDITIONAL COMMENTS:

AD1	The clinical history of postmenopausal bleeding is noted. Specialist gynaecology referral may be indicated. Please follow your local health pathways for further assessment and referral criteria.
AD2	The clinical history of abnormal bleeding is noted. Specialist gynaecology referral may be indicated. Please follow your local health pathways for further assessment and referral criteria.
AD3	The clinical history of an abnormal-appearing cervix is noted. Specialist colposcopy referral may be indicated. Please follow your local health pathways for further assessment and referral criteria.
AD4	The clinical history of a disorder or medication that could be immune suppressive is noted. The recommendation in this report will need to be revised if the screening participant is immune deficient.
AD5	HPV testing has not been performed because the liquid-based cytology (LBC) vial/ HPV collection tube was leaking on receipt in the laboratory. Please ensure that sample lids are securely fastened.
AD6	This sample was processed for cytology as well as HPV testing because a Test of Cure is indicated, based on the NCSP history.
AD7	As previous screening test results have been withdrawn from the NCSP Register, this recommendation is based on current test results only, and may need to be modified if previous tests have been performed.
AD8	Overseas tests are noted on the request form but are not recorded in the NCSP Register. This recommendation is based on current test results and the NCSP Register records only and may need to be modified if other results were reported overseas. Please forward copies of overseas pathology reports or an overseas specialist letter confirming dates and results of previous pathology tests to the NCSP Register.
AD9	Repeat HPV testing is recommended because the current HPV test was performed less than 9 months after a previous recommendation to repeat the test in 12 months.
AD10	A recommendation has been provided because the request form indicated that this is a screening sample.
AD11	No HPV result is available because of technical processing issues.
AD12	A previous cytology report of atypical endometrial cells reported within the last three years is noted. Referral for specialist gynaecology assessment may be indicated. Please notify the NCSP Register if specialist assessment has already occurred.
AD13	HPV testing has been repeated because the LBC sample for cytology was taken more than three months after the previous HPV test. The recommendation in this report is based on the HPV and cytology results from the current sample.
AD14	HPV Testing only has been reported on this sample as there was no clinical indication to report cytology as well. If there is a clinical reason for requesting cytology which was not indicated on the request form, please contact the laboratory to discuss this. Liquid-based cytology (LBC) vials are retained for one month after receipt.

TRANSITION COMMENTS	
AD15	This sample was taken during the cytology primary screening programme and has been reported after HPV primary screening was introduced. The recommendation given has been adjusted for the HPV primary screening programme.
AD16	The recommendation in the report is based on the NCSP register record up to 28th August 2023 and may need to be modified if additional cervical or vaginal screening or diagnostic tests were reported between this date and the date of the current sample.

TBS RECOMMENDATION CODES USED PRIOR TO JULY 2023 (RETAINED FOR HISTORICAL REFERENCE ONLY)

- A recommendation code is mandatory
- R12 (oestrogen treatment) must be accompanied by interpretation code OT3 (atrophic changes)
- R10 is used only with HS2, SC, AC1-AC5
- R14 may be used with any report except HS2, SC, AC1-AC5 and when there is a clinical suspicion of invasive cancer indicated on the requisition form

Codes used prior to 2005	Codes used 2005-2023 TBS2001	Descriptor
B2B0	R1	The next sample should be taken in 3 years based on information held on the NCSP Register.
B2B1	R2	Please repeat the sample within 3 months.
B2B4	R3	Please repeat the sample within 3 months of the end of pregnancy.
B2B5	R4	Please repeat the sample in 3 months.
B2B6	R5	Please repeat the sample in 6 months.
B2B7	R6	Please repeat the sample in 12 months.
B2B7A	R7	Because a previous sample showed low grade changes (ASC-US or LSIL), please repeat the sample in 12 months.
B2B7H	R8	Annual samples are indicated because of a previous high-grade abnormality.
B2B8 B2B8A	R9	Referral for specialist assessment is indicated.
B2B8B	R10	Urgent referral for specialist assessment is indicated.
B2B8D	R11	Code not in use
B2B9	R12	Please repeat the sample shortly after a course of oestrogen treatment.
B2B8C B2B13	R13	Under specialist care.
	R14	In view of the abnormal clinical history provided, referral for assessment is recommended regardless of the cytology result.

References

https://bethesda.soc.wisc.edu/

The Pap test and Bethesda 2014 - Nayar - 2015 - Cancer Cytopathology - Wiley Online Library https://onlinelibrary.wiley.com/doi/full/10.1002/cncy.21521

https://www.springer.com/gp/bookHomeThe Bethesda System for Reporting Cervical Cytology - Definitions, Criteria, and Explanatory Notes | Ritu Nayar | Springer https://www.springer.com/gp/book/9783319110738

Inconsistencies between H-code recommendations and diagnostic codes

- H-code recommendations are used in all HPV test and cytology reports (i.e. single and combined reports)
- One recommendation code is mandatory and only one recommendation code is allowed per report
- The following table **lists situations where each H-code is inconsistent with specific diagnostic codes, if used in the same report**
- The list is provided to assist laboratories to block reports where an incorrect H-code has been used
- There are also clinical considerations such as immune status, age and total hysterectomy status that will influence whether recommendation given is correct and these are not covered in the table below.

Inconsistent H-code combinations in relation to diagnostic report codes:

H-CODE	Descriptor	Test type	May NOT be used with
H1 and H2	The next HPV screening test should be taken in 5 years (or 3 years for H2), based on the NCSP Register history	HPV Result	HPV DETECTED HPV: INVALID HPV: UNSUITABLE FOR ANALYSIS
		Cytology	UA, UB, UC, UD, UE, UF G2: CYTOLOGY: EPITHELIAL CELL ABNORMALITY G3: CYTOLOGY: OTHER ABNORMALITY (NON-EPITHELIAL)
H3	Please repeat the LBC sample for cytology in 6 to 12 weeks	HPV result	- any HPV only result where this is the only result in the report (no cytology)
		Cytology	G1: CYTOLOGY: NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY G2:CYTOLOGY: EPITHELIAL CELL ABNORMALITY G3: CYTOLOGY: OTHER ABNORMALITY (NON-EPITHELIAL)
H4	Please repeat the HPV test. No delay before repeat testing is needed.	HPV result	HPV NOT DETECTED HPV DETECTED (any type)
		Cytology	1. ASH, HS1, HS2, SC, AG1-5, AIS, AC1-6 2. Any cytology only result (no HPV)
H5	Please repeat the HPV test in 12 months. An LBC sample is recommended as cytology may also be indicated.	HPV result	HPV NOT DETECTED HPV Detected HPV-16 HPV Detected HPV-18 HPV INVALID HPV UNSUITABLE FOR ANALYSIS
		Cytology	UA, UB, UC, UD, UE, UF ASH, HS1, HS2, SC, AG1-5, AIS, AC1-6
H6	Please recall for an LBC sample in 6-12 weeks so that the HPV and the cytology tests can both be repeated.	HPV Result	HPV: NOT DETECTED HPV: DETECTED - HPV only result (no cytology)
		Cytology	G1: CYTOLOGY: NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY G2:CYTOLOGY: EPITHELIAL CELL ABNORMALITY G3: CYTOLOGY: OTHER ABNORMALITY (NON-EPITHELIAL) - a cytology only result (no HPV)
H7	Please recall now for an LBC sample as cytology is indicated	HPV Result	HPV NOT DETECTED HPV DETECTED: HPV-16 HPV DETECTED: HPV-18 HPV: INVALID HPV: UNSUITABLE FOR ANALYSIS
		Cytology	UA, UB,UC,UD,UE,UF

			G1: CYTOLOGY: NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY G2:CYTOLOGY: EPITHELIAL CELL ABNORMALITY G3: CYTOLOGY: OTHER ABNORMALITY (NON-EPITHELIAL)
H8	Referral for specialist colposcopy assessment is indicated	HPV and Cytology results	HPV: INVALID AND Cytology is UA-UF HPV: UNSUITABLE FOR ANALYSIS AND Cytology is UA-UF
			Cytology is HS2, SC or AC1-6
H9	Referral for specialist gynaecology assessment is indicated	HPV Result	HPV Detected HPV-16 HPV Detected HPV-18
		Cytology	UA, UB, UC, UD, UE, UF G1: CYTOLOGY: NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY ASH, HS1, HS2, SC, AG1, AG3-5, AIS, AC1-6
H10	Urgent referral for colposcopy assessment is indicated	HPV Result	(Can be any)
		Cytology	UA, UB,UC, UD, UE, UF G1: CYTOLOGY: NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY ASC-US, LSIL, HSIL, AG1-5 or AIS
H11	Urgent referral for specialist gynaecology assessment is indicated	HPV Result	HPV Detected HPV-16 HPV Detected HPV-18
		Cytology	UA, UB, UC, UD, UE, UF G1: CYTOLOGY: NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY ASH, HS1, HS2, SC, AG1-5, AIS, AC1, AC3-6 UA, UB, UC, UD, UE, UF
H12	Referral for colposcopy is indicated. An LBC sample for cytology prior to colposcopy is recommended	HPV Other positive swab samples where the next step is colposcopy	HPV: NOT DETECTED HPV Detected: HPV-16 HPV Detected HPV-18 HPV INVALID HPV UNSUITABLE FOR ANALYSIS
		Cytology	UA, UB, UC, UD, UE, UF G1: CYTOLOGY: NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY G2:CYTOLOGY: EPITHELIAL CELL ABNORMALITY G3: CYTOLOGY: OTHER ABNORMALITY (NON-EPITHELIAL)
H13	Under specialist care	HPV result	(None here)
		Cytology	(None here)
H14	(blank)		(None here)
H15	HPV testing and cytology (Test of Cure) are indicated in 12 months. An LBC sample is required.	HPV result	HPV Detected: HPV-16 HPV Detected: HPV-18 HPV Detected: HPV-Other HPV INVALID HPV UNSUITABLE FOR ANALYSIS
		Cytology	ASH, HS1, HS2, SC, AG1-5, AIS, AC1-6 G3: CYTOLOGY: OTHER ABNORMALITY (NON-EPITHELIAL) UA, UB, UC, UD, UE, UF
H16	Please recall now for an LBC sample for cytology as this is required for a test of Cure	HPV result	HPV Detected: HPV-16 HPV Detected: HPV-18 HPV Detected: HPV-Other HPV INVALID HPV UNSUITABLE FOR ANALYSIS

		Cytology	UA, UB, UC, UD, UE, UF G1: CYTOLOGY: NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY G2:CYTOLOGY: EPITHELIAL CELL ABNORMALITY G3: CYTOLOGY: OTHER ABNORMALITY (NON-EPITHELIAL)
H17	Annual co-test screening indicated because of a previous HPV negative HG lesion	HPV result	HPV Detected 16,18, or Other HPV Invalid HPV Unsuitable for Analysis
		Cytology result	UA,UB,UC,UD,UE,UF G2 Cytology: Epithelial cell abnormality G3 Cytology: Other abnormality (Non-epithelial)
H18	No further screening required…	HPV Result	HPV Detected: HPV-16 HPV Detected: HPV-18 HPV Detected: HPV-Other HPV INVALID HPV UNSUITABLE FOR ANALYSIS
		Cytology result	ASH, HS1, HS2, SC, AG1-5, AIS, AC1-6
H19	(Blank)		(None)
H20	Under 20 screening…	Samples taken under 20 years of age	(None)
			ASH, HS1, HS2, SC, AG1-5, AIS, AC1-6
H21	Please recall in 3 years for an HPV primary screening test, or in 12 months if the screening participant is immune deficient.		(None)
			UA,UB,UC,UD,UE,UF G2 Cytology: Epithelial cell abnormality G3 Cytology: Other abnormality (Non-epithelial)

Updated lab codes for the NSS

Laboratory name	Historic	NSS NCSP Register code	HPI Facility numbers
Auckland City Hospital (LabPLUS)	AK	**AK**	**F36039-G**
Cardinal Laboratories Ltd	CL	---	
Anatomic Pathology Service (formerly Diagnostic Medlab)	DA	**APS**	**F3R743-K**
Pathlab Waikato	DB	---	
Healthlab Otago	DH	---	
Medlab South Timaru	DT	---	
Wanganui Diagnostic laboratory	DW	---	
Gisborne Hospital lab	GH	---	
Memorial Hospital Hastings	HH	**HH**	**F3M795-J**
Hutt Hospital	HU	---	
Medical Lab Southland	IN	---	
Waikato Hospital Lab	KH	**WKH**	**F3M790-K**
Valley Diagnostic Lab	LH	---	
Medlab Auckland	MA	---	
Palmerston North Hospital Lab	MC	---	
Gisborne Laboratories	MG	---	
Medlab Hamilton	MH	---	
Middlemore Hospital Lab	MM	**MM**	**F3L824-G**
Medlab Hawkes Bay	MN	---	
Medlab South Canterbury	MS	---	
Pathlab (formerly Medlab Bay of Plenty)	MT	**PL**	**F3N108-B**
Medical laboratory Wellington	MW	---	
Medlab South Nelson (Nelson Hospital Lab)	NN	---	
North Shore Hospital Lab	NS	**NS**	**F3S188-B**
National Women's Hospital Lab	NW	---	
Awanui Labs - Dunedin	PF and SD	**AWD**	**F2K068-F**
Canterbury Health Laboratories	PM	**CHL**	**F3D082-J**
Medlab Central	PN	**MLC**	**F1S043-H**
Awanui Labs-Northland	PW	**AWN**	**F3M759-E**
Rotorua Hospital Lab	RH	---	
Rotorua Diagnostic Lab	RO	---	
Southern Community Lab CHCH	SC	---	
Southland Hospital Lab	SH	---	
Southern Community Labs Hawkes Bay	SN	---	
Tauranga Hospital Laboratory	TG	---	
Taranaki Base Hospital Laboratory	TH/TPS	---	
Timaru Hospital Laboratory	TI	---	
Medlab Timaru	TM	---	
Awanui Labs - Taranaki (previously Taranaki Medlab)	TP	**TP**	**F3M770-D**
Wanganui Hospital Laboratory	WA	---	
Northland DHB Lab (Whangarei Hospital)	WG	**WGH**	**F3R747-G**
Awanui Labs- Wellington	WH/CC	**AWW**	**F1S039-F**