

DETEC - CERVICAL CANCER SCREENING CYCLE DATA

CONFIDENTIAL DATA



Recipient ID# 9 A Date of Birth mm/dd/yyyy
Recipient Name: Last First Middle
Provider NPI#

I Pap Test

1a. PREVIOUS Pap Test? 1b. Date of PREVIOUS Pap Test
Yes - Date known No
Yes - Date unknown but within last 5 years Unknown - Woman doesn't know
Yes - Date unknown but more than 5 years Unknown - Woman wasn't asked / not recorded
Unknown - Woman refused to answer

2. Reason for CURRENT Pap Test 3. Cervical Diagnostic Referral Date
Routine Pap test
Pap test for management of previous abnormal result
Pap test not done - Diagnostic work-up and/or HPV test only
Pap test not paid by EWC - Client referred for diagnostics only (Report Pap Test result in Item 7)

4. Date of CURRENT Pelvic Exam 5. Specimen Adequacy 6. Specimen Type
mm dd yyyy
Satisfactory
Unsatisfactory
Conventional Smear
Liquid Based
Other
Unknown

7a. CURRENT Pap Test Result 7b. Date of CURRENT Pap Test
Negative for intraepithelial lesion or malignancy
Atypical squamous cells of undetermined significance (ASC-US)
Low grade SIL (LSIL) - including HPV changes
Atypical squamous cells cannot exclude HSIL (ASC-H)
High grade SIL (HSIL)
Squamous Cell Carcinoma
Abnormal Glandular Cells (AGC)
AGC - Neoplastic
Adenocarcinoma In Situ (AIS)
Adenocarcinoma
Other - Please specify

8a. CURRENT HPV Test Result 8b. Date of CURRENT HPV Test
Test Not Done
Positive
Negative

II Additional Procedures Needed to Complete Cervical Cycle?

9. Not needed or planned - Routine rescreen (Resume routine screenings)
Not needed or planned - Short term follow-up (Next appointment planned within 12 months)
Needed or planned - Immediate work-up (Immediate diagnostic work-up is planned)

III Cervical Diagnostic Procedures - All dates below must be ON or AFTER the Date of CURRENT Pap Test.

10a. Type of Procedure 10b. Date of Procedure
Colposcopy without Biopsy
Colposcopy with Biopsy and/or ECC
Loop Electrosurgical Excision Procedure (LEEP)
Cold Knife Cone (CKC)
Endocervical Curettage alone (ECC)

11a. Other Cervical Procedure Performed 11b. Date of Procedure
Excision of endocervical polyps
Endometrial biopsy (EMB)
Biopsy of other structure (e.g., vagina, vulva)
Other gynecologic consults
Other - Please specify

IV Cervical Work-up Status and Final Diagnosis Information

12a. Work-up Status 12b. Date of Work-up Status
Work-up complete
Lost to follow-up (Two phone calls and certified letter sent)
Work-up refused (Patient refused, obtained insurance, moved, or changed PCP)
Died before work-up complete

13a. Final Diagnosis 13b. Date of Final Diagnosis
Normal / Benign reaction / inflammation
HPV / Condylomata / Atypia
CIN I / mild dysplasia (biopsy diagnosis)
CIN II / moderate dysplasia (biopsy diagnosis)
CIN III / severe dysplasia / CIS or AIS of cervix (biopsy diagnosis)
Invasive Cervical Carcinoma - Squamous Cell or Adenocarcinoma (biopsy diagnosis)
Low grade SIL (biopsy diagnosis)
High grade SIL (biopsy diagnosis)
Other - Please specify

V Cervical Cancer Treatment Information

14a. Treatment Status 14b. Date of Treatment Status
Treatment started
Lost to follow-up (Two phone calls and certified letter sent)
Treatment refused
Treatment not needed
Died before treatment started

15. Patient enrolled in BCCTP. Check this box ONLY if you have completed the BCCTP enrollment process.

Clinician's Signature (optional) Date