

TENNESSEE CERVICAL CANCER SCREENING TRANSMITTAL SHEET

Patient Information

Enrollment Site: _____ Enrollment Date: _____ Date Sent: _____

Name: _____ DOB: _____ SSN: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Race: White Black/AA Asian Native Hawaiian/Pacific Islander American Indian/Alaska Native Unknown

Ethnicity: Hispanic Non-Hispanic Unknown

Screening Information

High Risk for Cervical Cancer? 1. Yes 2. No 9. Unknown/not assessed

Previous Pap: Yes (Y)(provide date) No (N) Unknown (U) **Previous Pap Date (MM/YYYY):** _____

Reason for Pap Test:

- 1. Screening
- 2. Surveillance
- 3. Non-program Pap, referred in for diagnostic evaluation (provide referral date)
- 4. No Pap
- 6. Pap after primary HPV positive
- 9. Unknown

Referral Date (MMDDYYYY): _____

Pap Test	Procedure Date (MMDDYYYY): _____	Results:
		1. Negative for intraepithelial lesion or malignancy
		3. Atypical squamous cells of undetermined significance (ASC-US)
		4. Low grade SIL (LSIL) (including HPV changes)
		5. Atypical squamous cells cannot exclude HSIL (ASC-H)
		6. High grade SIL (HSIL)
		7. Squamous cell carcinoma
		8. Atypical glandular cells (AGS)
		9. Adenocarcinoma in situ (AIS)
		10. Adenocarcinoma
		11. Other (<i>must provide note:</i> _____)
		12. Unsatisfactory
		13. Result pending
		14. Result unknown, presumed abnormal, Pap test from non-Program funded source

HPV Test	Reason for HPV Test:	Procedure Date (MMDDYYYY): _____	Results:
	1. Co-test/screening		1. Positive with genotyping not done/unknown
	2. Reflex		2. Negative
	3. Test not done		4. Positive with positive genotyping (pos. for 16 or 18)
	9. Unknown		5. Positive with negative genotyping (neg. for 16 and 18)
			9. Unknown

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Workup Plan

- 1. Yes – Diagnostic workup planned on basis of abnormal Pap or pelvic exam
- 2. No – Diagnostic workup not planned
- 3. Pending – Need or plan for workup plan not yet determined

Diagnosis Information

Procedure Dates (MMDDYYYY)

Colposcopy: _____ Cold knife cone: _____
Biopsy: _____ Endometrial biopsy: _____
Endocervical curettage: _____ Excision of endocervical polyps: _____
LEEP: _____ GYN consultation: _____

Diagnostic Disposition:

- 1. Workup completed
- 2. Workup pending
- 3. Lost to follow-up
- 4. Workup refused
- 9. Irreconcilable

Diagnosis Date (MMDDYYYY):

Final Diagnosis :

- 1. Normal/benign reaction/inflammation
- 2. HPV/condylomata/atypia
- 3. CIN1/mild dysplasia (biopsy diagnosis)
- 4. CIN2/moderate dysplasia (biopsy diagnosis)
- 5. CIN3/severe dysplasia/carcinoma in situ (Stage 0) or adenocarcinoma in situ of the cervix (AIS) (biopsy diagnosis)
- 6. Invasive cervical carcinoma (biopsy diagnosis)
- 7. Other (*must provide note:* _____)
- 8. Low grade SIL (LSIL) (biopsy diagnosis)
- 9. High grade SIL (HSIL) (biopsy diagnosis)

Treatment Information

Treatment Disposition:

- 1. Treatment started
- 2. Treatment pending
- 3. Lost to follow-up
- 4. Treatment refused
- 9. Treatment not needed

Treatment Date (MMDDYYYY):
