

Final Outcome Form

Please submit all pages

Enrolling agency: _____

Site name: _____

MRN: _____ Date of enrollment: _____

Patient full name: _____ Date of birth: _____

Breast diagnostic outcome

Status of final diagnosis:

Work-up complete

Work-up refused

Lost to follow-up

Final diagnosis date:

Carcinoma in Situ

Invasive Breast Cancer

Breast Cancer
not diagnosed

Lobular Carcinoma in situ
(LCIS – Stage 0)

Ductal Carcinoma in
situ (DCIS – Stage 0)

Other:

Breast treatment status

Treatment started

Treatment refused

Date: _____

Date: _____

Treatment not needed

Patient lost to follow-up

Determination date: _____

Date of 3rd contact attempt: _____

Cervical diagnostic outcome

Status of final diagnosis:

Work-up complete

Work-up refused

Lost to follow-up

Final diagnosis date:

Normal/Benign
reaction/Inflammation

HPV/Condylomata/Atypia

Low grade SIL

CIN I/ Mild dysplasia

High grade SIL

CIN II/ Moderate dysplasia

Invasive cervical
carcinoma

CIN III/ Severe dysplasia

Carcinoma in situ

Other:

Cervical treatment status

Treatment started

Treatment refused

Date: _____

Date: _____

Treatment not needed

Patient lost to follow-up

Determination date: _____

Date of 3rd contact attempt: _____

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the ScreenWise Program at ScreenWise.info@oha.oregon.gov or 971-673-0581. We accept all relay calls.

Public Health Division

ScreenWise Program

800 NE Oregon Street, Suite 805

Portland, OR 97232

ScreenWise.info@oha.oregon.gov



200-380612 (05/2025)