

ScreenWise Program Screening Results Form

Enrolling agency: _____ Site name: _____

MRN: _____ Date of enrollment: _____

Patient full name: _____ Date of birth: _____

Breast screening services initial mammogram

Date of mammogram: _____ Screening mammography Diagnostic mammography

Results

- | | |
|--|---|
| <input type="checkbox"/> (BIRADS 1) Negative | Final Outcome Form needed for any of shaded results or recommendations: |
| <input type="checkbox"/> (BIRADS 2) Benign finding | |
| <input type="checkbox"/> Result pending (resubmit data when compete) | <input type="checkbox"/> (BIRADS 3) Probably benign |
| <input type="checkbox"/> No result available – patient lost to follow-up | <input type="checkbox"/> (BIRADS 4) Suspicious abnormality |
| | <input type="checkbox"/> (BIRADS 5) Highly suggestive of malignancy |
| | <input type="checkbox"/> (BIRADS 0) Need evaluation or film comparison |
| | <input type="checkbox"/> Unsatisfactory- additional mammography or diagnostics required |

Breast screening follow-up recommendations

- | | |
|---|--|
| <input type="checkbox"/> Diagnostic work-up not needed at this time | <input type="checkbox"/> Diagnostic work-up to be determined |
| | <input type="checkbox"/> Diagnostic work-up needed (abnormal result) |

Cervical screening services HPV test

Date of HPV (if different): _____ Co-Testing Reflex Unknown

Results

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Negative | Final Outcome Form needed for any of shaded results or recommendations: |
| <input type="checkbox"/> Not done | |
| | <input type="checkbox"/> Positive with positive genotyping (16 or 18) |
| | <input type="checkbox"/> Positive with negative genotyping (No 16 or 18) |
| | <input type="checkbox"/> Positive with no genotyping done |

Pap test

Pap test date: _____ Routine Surveillance

Results

- | | |
|--|--|
| <input type="checkbox"/> Negative for intraepithelial lesion or malignancy | Final Outcome Form needed for any of shaded results or recommendations: |
| <input type="checkbox"/> Infection, inflammation, or reactive changes | |
| <input type="checkbox"/> Result pending (resubmit data when compete) | <input type="checkbox"/> ASC-US <input type="checkbox"/> LSIL (including HPV changes) |
| <input type="checkbox"/> Unsatisfactory Pap, repeat Pap needed | <input type="checkbox"/> ASC-H <input type="checkbox"/> High Grade SIL (HSIL) |
| | <input type="checkbox"/> Squamous Cell Carcinoma <input type="checkbox"/> Adenocarcinoma in situ (AIS) |
| | <input type="checkbox"/> Atypical Glandular Cells <input type="checkbox"/> Adenocarcinoma |

Cervical screening follow-up recommendations

- | | |
|---|--|
| <input type="checkbox"/> Diagnostic work-up not needed at this time | <input type="checkbox"/> Diagnostic work-up to be determined |
| | <input type="checkbox"/> Diagnostic work-up needed (abnormal result) |