

ScreenWise Program Final Outcome Form

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 **Date:** _____ Treatment refused **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
 CIN I/ Mild dysplasia
 CIN II/ Moderate dysplasia
 CIN III/ Severe dysplasia/Carcinoma in situ
 Invasive cervical carcinoma
 Low grade SIL
 High grade SIL
 Other: _____

Breast treatment status

- Treatment started **Date:** _____ Treatment refused **Date:** _____
 Treatment not needed Patient lost to follow up

Determination date: _____ **Date of 3rd contact attempt:** _____