

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

- (BIRADS 1) Negative
- (BIRADS 2) Benign finding
- Result pending (resubmit data when complete)
- No result available – patient lost to follow-up

Final Outcome Form needed for any of shaded results or recommendations:

- (BIRADS 3) Probably benign
- (BIRADS 4) Suspicious abnormality
- (BIRADS 5) Highly suggestive of malignancy
- (BIRADS 0) Need evaluation or film comparison
- Unsatisfactory- additional mammography or diagnostics required

Breast Screening Follow-Up Recommendations

- Follow routine screening
- Diagnostic work-up not needed (despite abnormal result)
- Diagnostic work-up to be determined
- Diagnostic work-up needed (abnormal result)

Cervical Screening Services

HPV Test

Date of HPV (if different): _____

- Co-Testing
- Reflex
- Unknown

Results

- Negative
- Not done

Final Outcome Form needed for any of shaded results or recommendations:

- Positive with positive genotyping (16 or 18)
- Positive with negative genotyping (No 16 or 18)
- Positive with no genotyping done

Pap Test

Pap Test Date: _____

- Routine
- Surveillance

Results *continue onto 2nd page*

- Negative for intraepithelial lesion or malignancy
- Infection, inflammation, or reactive changes
- Result pending (resubmit data when complete)
- Unsatisfactory Pap, repeat Pap needed

Final Outcome Form needed for any of shaded results or recommendations:

- ASC-US
- LSIL (*including HPV changes*)
- ASC-H
- High Grade SIL (HSIL)
- Squamous Cell Carcinoma
- Adenocarcinoma in situ (AIS)
- Atypical Glandular Cells
- Adenocarcinoma

Cervical Screening Follow-Up Recommendations

- Follow routine screening
- Diagnostic work-up not needed (despite abnormal result)

- Diagnostic work-up to be determined
- Diagnostic work-up needed (abnormal result)