

BCCCP CERVICAL CANCER SCREENING AND FOLLOW-UP DATA ENTRY FORM

Revised April 2015

NAME	ID	VISIT DATE ____/____/____	BCCCP CLIENT? 1=YES 2=NO
Reason for Screening: 1 = Routine Screening 2 = Short Term Follow up 3= Referred for Diagnostics (enter referral date at right) 4 = No Pap, Diagnostic only		Paid by Codes: 1. Federal BCCCP 2. Not BCCCP 3. Partial Federal BCCCP 4. State BCCCP 5. Partial State BCCCP 6. Partial State and Federal BCCCP	
		LAST PAP ____/____/____ 88/8888 Unknown unknown but more than 5 years ago y n MM YY YY 00/0000 Never	
		Referral Date: ____/____/____ (if reason for screening = 3)	

SCREENING PROCEDURES

PROCEDURE	PROC DATE	PAID BY	RESULT DATE	RESULT
PELVIC EXAM	____/____/____ MM DD YY	1 2 3 4 5 6 (Codes Above)	____/____/____ MM DD YY	1=Normal exam; no follow-up required 2=Abnormal exam; follow-up required 8=Pelvic/rectal exam not indicated 9=Pelvic/rectal indicated but not provided (i.e. refused)
INITIAL PAP TEST	____/____/____ MM DD YY	1 2 3 4 5 6	____/____/____ MM DD YY	RESULT 01 02 03 04 05 06 07 08 09 10 11 12 13 (Bethesda code descriptions below)
REPEAT PAP TEST <i>(Initial Pap specimen adequacy must be = 3)</i>	____/____/____ MM DD YY	1 2 3 4 5 6	____/____/____ MM DD YY	RESULT 01 02 03 04 05 06 07 08 09 10 11 12 13
HPV TEST	____/____/____ MM DD YY	1 2 3 4 5 6	____/____/____ MM DD YY	RESULT 1 = Positive 2 = Negative 3 = Test Not Done
				PLAN
				DX WORK-UP? 1 = Yes 2 = No
				SHORT TERM FOLLOW-UP? 1 = Yes 2 = No
				NEXT PAP DUE
				02 03 04 05 06 12 24 36 Months

DIAGNOSTIC PROCEDURES

PROCEDURE	PROC DATE	PAID BY	RESULT DATE	RESULT
COLPOSCOPY	____/____/____ MM DD YY	1 2 3 4 5 6 (See Codes Above)	____/____/____ MM DD YY	1=No biopsy performed 2=Biopsy and/or ECC was performed with the colposcopy
CERVICAL BIOPSY	____/____/____ MM DD YY	1 2 3 4 5 6 (See Codes Above)	____/____/____ MM DD YY	1=Normal exam benign reaction 2=HPV/Condylomata/Atypia 3=CIN I 4=CIN II 5=CIN III/Carcinoma in-situ (Stage=0) 6=Invasive cervical carcinoma 7=Invasive adenocarcinoma 8=Other (non-cervical) cancer (A result of 4-7 MUST have Treatment information completed)
ECC†	____/____/____ MM DD YY 1. done with Colpo 2. Done alone	1 2 3 4 5 6 (See Codes Above)	____/____/____ MM DD YY	BETHESDA 2001 CODES AND DESCRIPTIONS
LEEP†	____/____/____ MM DD YY	1 2 3 4 5 6 (See Codes Above)	____/____/____ MM DD YY	01=Negative (within normal limits) 02=Atypical squamous cells of undetermined significance (ASC-US) 03=Low grade SIL including HPV changes 04=Atypical squamous cells cannot exclude HSIL (ASC-H) 05=High grade SIL (HSIL) 06=Squamous cell carcinoma 07=Abnormal glandular cells (including Atypical, Endocervical adenocarcinoma in situ & Adenocarcinoma) 08=Other malignant neoplasms 09=Not Indicated 10=Indicated, but not performed (i.e. refused) 11=Result is pending 12=Recent, nonBCCCP, abnormal Pap requiring follow-up 13=Recent, nonBCCCP Pap with no follow-up required
CKC† (Cold Knife Cone)	____/____/____ MM DD YY	1 2 3 4 5 6 (See Codes Above)	____/____/____ MM DD YY	
† Requires prior approval from Regional Nurse Consultant				Note: If Pap result is 04, 05, 06, 07 or 12 then diagnostic workup must be planned. If Pap result is 02 or 03 then diagnostic workup may be planned.
Comments (to report other special situations as needed): LTF = Lost to follow up NC = Neoadjuvant Chemotherapy, CDCSTF = Clinician directed colposcopy for short term follow-up, NCAP = Non-Cervical abnormal Pelvic exam, CDC = Clinician delayed Colposcopy				

DIAGNOSIS

DIAGNOSTIC DISPOSITION 1=No cervical cancer; case closed 2=Dx Workup/results are pending 3=Patient Died 4=Moved out of county/state 5=Unable to obtain results 6=Pt non-responsive/refuses FU 7=Cervical cancer diagnosed; Tx required 8=Lost to Follow Up	DIAGNOSTIC DISPOSITION DATE ____/____/____ MM DD YY Date of last procedure if dx disp = 1 or 7. Date of admin closure if dx disp = 3, 4, 5, or 6	STAGE 0=Stage 0 (cervical carcinoma in-situ) 1=Stage I 2=Stage II 3=Stage III 4=Stage IV	5=Stage Unknown/Unstaged 6=Summary Local 7=Summary Regional 8=Summary Distant
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TREATMENT

TREATMENT DISPOSITION		TREATMENT INITIATED DATE
0=Tx not needed 1=Tx Initiated 2=Tx Pending 3=Patient Died	4=Moved out of county or state 5=Unable to obtain results from provider 6=Non-responsive/refused	____/____/____ MM DD YY
Patient Navigation	PN ASSESS COMPLETED?: Y=YES; N=NO	PN PLAN COMPLETED?: Y=YES; N=NO
COMMENT:		