

TENNESSEE CERVICAL CANCER SCREENING TRANSMITTAL SHEET

(Sheet No. 1 Screening - Revised April 29, 2014)

Patient's Information:

Enrollment Site: _____ Enrollment Date: _____ Date Sent: _____

Name: _____ DOB: _____ SS#: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Race: [W] [B] [O] Ethnicity: H – Hispanic Origin N – Not Hispanic Origin U – Unknown

Previous Pap? Y Yes N No U Unknown		Date of Previous Pap: _____ (MM/CCYY) This is very important for us to find women who have never had a Pap or if last Pap more than 5 years ago			
Reason for Pap Test: 1. Routine Pap Test 2. Patient under Surveillance. 3. Pap test done by referral doctor (Provide Date) 4. Not done. 9. Unknown.			REFERRAL/FIRST APPT DATE: If patient was referred in for diagnosis only, provide date of appt: _____ (MM/DD/CCYY)		
Pelvic/Rectal Exam:	Procedure Date: _____ (MM/DD/CCYY)	Result Date: _____ (MM/DD/CCYY)	Results: 1 Normal 2 Abnormal 8 Not indicated 9 Indicated/not provided		
Pap Smear:	Procedure Date: _____ (MM/DD/CCYY)	Result Date: _____ (MM/DD/CCYY)	Results: 1 Negative for lesion or malign 2 Atypical squamous cells 3 LSIL 4 Atypical squamous not excluding HSIL 5 HSIL 6 Squamous cell carcinoma 7 Abnormal glandular cells 8 Other * (Requires note) 11 Result pending 12 Result unknown, presumed abnormal	Spec Type: 1 Conventional 2 Liquid Based 3 Other 4 Unknown	Spec Adeq: 1 Sat 2 Unsat 3 Unknown
* Pap Result Other: (20 character of text) MUST PROVIDE A NOTE					
HPV Test:	Procedure Date: _____ (MM/DD/CCYY)	Result Date: _____ (MM/DD/CCYY)	Results: 1 Positive 2 Negative 3 Test Not Done. 9 Unknown		
Workup Planned:	Y Yes N No P Pending, not yet determined		Short Term Follow-Up: Y Yes N No	Next Screening Pap: 03 months 24 months 06 months 36 months 12 months 60 months	

Note: Pap results of (4, 5, 6, 7, and 12) requires workup plan of (Y or P). If Workup Plan is (Yes), you have to fill out sheet number two for Diagnostics.

Pap test result of "8" requires a note in the note field

TENNESSEE CERVICAL CANCER SCREENING TRANSMITTAL SHEET

(Sheet No. 2 Diagnostics - Revised April 29, 2014)

Patient Name: _____

Date: _____

Diagnostic Workup Information:			
Colpo with Biopsy and/or ECC: <p style="text-align: center;">(Y / N)</p> If Colpo with biopsy or ECC select Y If Colpo without biopsy or ECC select N If no Colpo is done leave blank	Procedure Date: _____ (MM/DD/CCYY)	Result Date: _____ (MM/DD/CCYY)	Results: 1. Normal/benign reaction/inflammation 2. HPV/Condylomata/Atypia 3. CIN I/ Mild dysplasia 4. CIN II/ Moderate dysplasia 5. CIN III/ Severe dysplasia 6. Invasive Cervical Carcinoma 7. Other * (Requires note) 8. Low Grade SIL 9. High Grade SIL
Loop Electrosurgical Excision (LEEP)	Procedure Date: _____ (MM/DD/CCYY)		
Cold Knife Cone:	Procedure Date: _____ (MM/DD/CCYY)		
Endocervical Curettage Alone (ECC): provide date if only an ECC was done but no colpo was done	Procedure Date: _____ (MM/DD/CCYY)		
Other Procedure: 012 Endometrial Biopsy 008 Excision of Endocervical Polyps 007 Gynecologic Consultation	Procedure Date: _____ (MM/DD/CCYY)	Result Date: _____ (MM/DD/CCYY)	Enter Result from above list:
Diagnosis Disp: 1. Workup Complete 2. Workup Pending 3. Lost To Follow Up 4. Workup Refused 9. Irreconcilable (9 can ONLY be used for cases where there is no sufficient way to translate the clinical scenario. Eg. Clinician schedules for short term F/U instead of immediate diagnostic work up.)	Diagnosis Date: _____ (MM/DD/CCYY)	Final Diagnosis 1. Normal/benign reaction/inflammation 2. HPV/Condylomata/Atypia 3. CIN I/ Mild dysplasia 4. CIN II/ Moderate dysplasia 5. CIN III/ Severe dysplasia 6. Invasive Cervical Carcinoma 7. Other * (Requires note) 8. Low Grade SIL 9. High Grade SIL	
Final Diagnosis Other: (20 character of text): _____			
Treatment Disposition: 1 Treatment started 2 Treatment pending 3 Lost to follow-up (need date of l last contact) 4 Treatment refused * 5 Treatment not needed	Treatment Date: _____ (MM/DD/CCYY)		

***Use only when MD decided that treatment was not needed at this time (doctor discretion, pregnancy, late stage diagnosis and no treatment due to quality of life, etc.)**