

Comments:	- Affix label here-
	Clinical Center//ID: _____
	First Name _____ M.I. _____
	Last Name _____

1. Contact date:	<input type="text"/> - <input type="text"/> - <input type="text"/>	(M/D/Y)
2. Completed by:	<input type="text"/>	
3. Contact type:	4. Visit type:	
<input type="checkbox"/> ₁ Phone	<input type="checkbox"/> ₂ Semi-Annual # <input type="text"/>	
<input type="checkbox"/> ₂ Mail	<input type="checkbox"/> ₃ Annual # <input type="text"/>	
<input type="checkbox"/> ₃ Visit	<input type="checkbox"/> ₄ Non-Routine	
<input type="checkbox"/> ₈ Other		
5. Pap smear collected by:		
<input type="checkbox"/> ₁ CC staff	<input type="checkbox"/> ₂ Other	↓

MD Name _____

Clinic Name: _____

Address _____

City/State/Zip _____

6. Date collected:	<input type="text"/> - <input type="text"/> - <input type="text"/>	(M/D/Y)
7. Date Pap smear report reviewed:	<input type="text"/> - <input type="text"/> - <input type="text"/>	(M/D/Y)
8. Report reviewed by:	<input type="text"/>	

9. Cells present:	No	Yes
9.1. Endometrial cells?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁
9.2. Atypical endocervical cells?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁
9.3. Atypical squamous cells?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁
9.4. If cervix present, endocervical cells? (No cervix _____)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁

10. Results: (*Mark one*)

☐ ₁ Normal (no atypical cells)

If dysplasia category available:

☐ ₂ Abnormal, mild dysplasia, atypia

☐ ₃ Abnormal, moderate dysplasia

☐ ₄ Abnormal, severe dysplasia

If Bethesda criteria available:

☐ ₅ Abnormal, low grade SIL, atypia

☐ ₆ Abnormal, high grade SIL

Other:

☐ ₁₀ ASCUS

☐ ₁₁ AGUS/AGCUS

☐ ₇ Cancer

☐ ₈ Insufficient specimen, no results

☐ ₉ Slides damaged, cannot be read

11. Was a referral made for follow-up care?

☐ ₀ No ☐ ₁ Yes
↓

11.1. Referred by: _____

11.2. Date of referral: - (M/D/Y)

11.3. Referred to:

MD/Clinic: _____

Address: _____

City, State, Zip _____

Phone: _____

12. Final Follow-up Results (Mark one):

☐ ₁ Normal

☐ ₂ Mild dysplasia, low grade SIL, atypical cells

☐ ₃ Moderate to severe dysplasia, high grade SIL, C1S, cancer