



Cancer Detection Programs: Every Woman Counts

Recipient ID# 9 A Date of Birth mm/dd/yyyy Recipient Name: Last First Middle Provider ID#

I Pap Test

1. PREVIOUS Pap Test? 1b. Date of PREVIOUS Pap Test

2. Reason for CURRENT Pap Test

3. Cervical Diagnostic Referral Date

4. Date of CURRENT Pelvic Exam 5. Specimen Adequacy 6. Specimen Type

7. CURRENT Pap Test Result 7b. Date of CURRENT Pap Test

8. CURRENT HPV Test Result 8b. Date of CURRENT HPV Test

II Additional Procedures Needed to Complete Cervical Cycle?

9. Not needed or planned - Routine rescreen / Short term follow-up / Immediate work-up

III Cervical Diagnostic Procedures - All dates below must be ON or AFTER the Date of CURRENT Pap Test

10. Type of Procedure 10b. Date of Procedure

11. Other Cervical Procedure Performed 11b. Date of Procedure

IV Cervical Work-up Status and Final Diagnosis Information

12. Work-up Status 12b. Date of Work-up Status

13. Final Diagnosis 13b. Date of Final Diagnosis

V Cervical Cancer Treatment Information

14. Treatment Status 14b. Date of Treatment Status

15. Patient enrolled in BCCTP. Check this box ONLY if you have completed the BCCTP enrollment process.

Clinician's Signature Date