Attachment 9

Chart Abstraction Form

 **i. Chart Abstraction Information**

|  |  |  |
| --- | --- | --- |
| **i.1** This chart abstraction form is *(check one)*: | [ ]  **a.** a consolidated form(i.e., combined records from all sources) | [ ]  **b.** a facility-specific form(i.e., record from one provider/facility only) |
| **i.2** If **i.1 = b**, enter Provider Study ID:  | ***If i.1 = a, enter Provider Study ID as indicated below in Tables I, II, and III*** |

1. **Patient Demographics**

|  |  |
| --- | --- |
| **A.1** Study ID Number: | **A.2** Month and Year of Birth: \_\_\_\_ /\_\_\_\_ |
| **A.3** Hispanic or Latino origin: | [ ]  Yes | [ ]  No | [ ]  Unknown |
| **A.4** Race *(check all that apply)****:*** | [ ]  White/Caucasian | [ ]  Asian | [ ]  Native Hawaiian/Pacific Islander |
| [ ]  African American | [ ]  American Indian/Alaskan Native | [ ]  Other | [ ]  Unknown |

1. **Cervical Cancer Diagnosis**

|  |  |  |
| --- | --- | --- |
| **5-year Review Period***(registry to provide these dates)* | **B.1** Date 5 years prior to diagnosis *(start of 5-year review period)*: \_\_\_\_ /\_\_\_\_ /\_\_\_\_MM/DD/YY | **B.2** Date of diagnosis *(end of 5-year review period)*:\_\_\_\_ /\_\_\_\_ /\_\_\_\_MM/DD/YY |
| **B.3** Patient had tubal ligation prior to diagnosis (**B.2**)? [ ]  Yes [ ]  No |
| **B.4** Did patient undergo a cervical procedure (e.g., LEEP or cold knife cone biopsy) prior to review period (**B.1**)? [ ]  Yes [ ]  No |
| **B.5** Has the patient had a hysterectomy? [ ]  Yes [ ]  No *(If B.5 =* ***YES****, complete B.6 and B.7)* |
| **B.6** Date of hysterectomy: \_\_\_\_ /\_\_\_\_ /\_\_\_\_ MM/DD/YY |
| **B.7** Was cervical cancer found as a result of the hysterectomy? [ ]  Yes [ ]  No |

1. **Cervical Cancer Screening**

**C.1** Has patient had a PAP or HPV test during the 5-year review period?

 🞎 Yes 🞎 No

(If **YES**, please complete TABLE I for all Pap and HPV results during the review period)

**Table I. Pap and HPV Testing, review period only**

|  | **C.2** | **C.3**  | **C.4** | **C.5** | **C.6**  | **C.7** | **C.8** | **C.9** | **C.10** | **C.11** | **C.12** | **C.13** | **C.14** | **C.15** | **C.16** | **C.17** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **Pap Testing** *(if C.3 = Pap or Both)* | **HPV Testing** *(if C.3 = HPV or Both)* |  |  |
| **PAP, HPV** | **Date of Test(s)** | **Test(s) Performed** | **Test(s) Performed by** | **Provider Study ID***(If i.1 = a)* | **Type of Pap** | **Lab where run? (Name)** | **Image-based evaluation?** | **Satisfactory test result?** | **Endocervical/** **TZ component present?** | **Pap result***(check all that apply)* | **Type of HPV** | **HPV result** | **HPV****genotyping performed?***(check all that apply)* | **Results of genotyping?** *(record result for each test in C.14)* | **Was patient referred to colposcopy/ treatment?** | **Did patient return for colposcopy/ treatment?** |
| **1** | \_\_\_\_ /\_\_\_\_ /\_\_\_\_MM/DD/YY | 🞎 Pap🞎 HPV🞎 Both | 🞎 Family practice🞎 Primary care physician🞎 Gynecologist🞎 Gyn/onc🞎 Advanced Practice Clinician (APN, PA, NP)🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 🞎 STM/ Glass slide🞎 ThinPrep🞎 SurePath🞎 Not reported |  | 🞎 Yes🞎 No🞎 Not reported or Not available | 🞎 Yes🞎 No🞎 Not reported | 🞎 Yes🞎 No🞎 Not reported | 🞎 Normal🞎 ASC-US🞎 ASC-H🞎 LSIL🞎 HSIL🞎 AGC🞎 Squamous CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Qiagen🞎 Cervista🞎 Roche Cobas🞎 Aptima🞎 Laboratory Developed Test (LDT)🞎 Not Specific | 🞎 Positive HR🞎 Negative HR🞎 Indeterminate🞎 Not reported | 🞎 HPV 16 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A | 🞎 Yes🞎 No🞎 Not reported | 🞎 Yes🞎 No🞎 Not reported |
| 🞎 HPV 18 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 HPV 45 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 HPV 18/ 45 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 Other:\_\_\_\_\_\_\_\_\_\_ | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| **2** | \_\_\_\_ /\_\_\_\_ /\_\_\_\_MM/DD/YY | 🞎 Pap🞎 HPV🞎 Both | 🞎 Family practice🞎 Primary care physician🞎 Gynecologist🞎 Gyn/onc🞎 Advanced Practice Clinician (APN, PA, NP)🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 🞎 STM/ Glass slide🞎 ThinPrep🞎 SurePath🞎 Not reported |  | 🞎 Yes🞎 No🞎 Not reported or Not available | 🞎 Yes🞎 No🞎 Not reported | 🞎 Yes🞎 No🞎 Not reported | 🞎 Normal🞎 ASC-US🞎 ASC-H🞎 LSIL🞎 HSIL🞎 AGC🞎 Squamous CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Qiagen🞎 Cervista🞎 Roche Cobas🞎 Aptima🞎 Laboratory Developed Test (LDT)🞎 Not Specific | 🞎 Positive HR🞎 Negative HR🞎 Indeterminate🞎 Not reported | 🞎 HPV 16 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A | 🞎 Yes🞎 No🞎 Not reported | 🞎 Yes🞎 No🞎 Not reported |
| 🞎 HPV 18 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 HPV 45 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 HPV 18/ 45 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 Other:\_\_\_\_\_\_\_\_\_\_ | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| **3** | \_\_\_\_ /\_\_\_\_ /\_\_\_\_MM/DD/YY | 🞎 Pap🞎 HPV🞎 Both | 🞎 Family practice🞎 Primary care physician🞎 Gynecologist🞎 Gyn/onc🞎 Advanced Practice Clinician (APN, PA, NP)🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 🞎 STM/ Glass slide🞎 ThinPrep🞎 SurePath🞎 Not reported |  | 🞎 Yes🞎 No🞎 Not reported or Not available | 🞎 Yes🞎 No🞎 Not reported | 🞎 Yes🞎 No🞎 Not reported | 🞎 Normal🞎 ASC-US🞎 ASC-H🞎 LSIL🞎 HSIL🞎 AGC🞎 Squamous CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Qiagen🞎 Cervista🞎 Roche Cobas🞎 Aptima🞎 Laboratory Developed Test (LDT)🞎 Not Specific | 🞎 Positive HR🞎 Negative HR🞎 Indeterminate🞎 Not reported | 🞎 HPV 16 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A | 🞎 Yes🞎 No🞎 Not reported | 🞎 Yes🞎 No🞎 Not reported |
| 🞎 HPV 18 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 HPV 45 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 HPV 18/ 45 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 Other:\_\_\_\_\_\_\_\_\_\_ | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| **4** | \_\_\_\_ /\_\_\_\_ /\_\_\_\_MM/DD/YY | 🞎 Pap🞎 HPV🞎 Both | 🞎 Family practice🞎 Primary care physician🞎 Gynecologist🞎 Gyn/onc🞎 Advanced Practice Clinician (APN, PA, NP)🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 🞎 STM/ Glass slide🞎 ThinPrep🞎 SurePath🞎 Not reported |  | 🞎 Yes🞎 No🞎 Not reported or Not available | 🞎 Yes🞎 No🞎 Not reported | 🞎 Yes🞎 No🞎 Not reported | 🞎 Normal🞎 ASC-US🞎 ASC-H🞎 LSIL🞎 HSIL🞎 AGC🞎 Squamous CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Qiagen🞎 Cervista🞎 Roche Cobas🞎 Aptima🞎 Laboratory Developed Test (LDT)🞎 Not Specific | 🞎 Positive HR🞎 Negative HR🞎 Indeterminate🞎 Not reported | 🞎 HPV 16 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A | 🞎 Yes🞎 No🞎 Not reported | 🞎 Yes🞎 No🞎 Not reported |
| 🞎 HPV 18 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 HPV 45 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 HPV 18/ 45 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 Other:\_\_\_\_\_\_\_\_\_\_ | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| **5** | \_\_\_\_ /\_\_\_\_ /\_\_\_\_MM/DD/YY | 🞎 Pap🞎 HPV🞎 Both | 🞎 Family practice🞎 Primary care physician🞎 Gynecologist🞎 Gyn/onc🞎 Advanced Practice Clinician (APN, PA, NP)🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 🞎 STM/ Glass slide🞎 ThinPrep🞎 SurePath🞎 Not reported |  | 🞎 Yes🞎 No🞎 Not reported or Not available | 🞎 Yes🞎 No🞎 Not reported | 🞎 Yes🞎 No🞎 Not reported | 🞎 Normal🞎 ASC-US🞎 ASC-H🞎 LSIL🞎 HSIL🞎 AGC🞎 Squamous CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Qiagen🞎 Cervista🞎 Roche Cobas🞎 Aptima🞎 Laboratory Developed Test (LDT)🞎 Not Specific | 🞎 Positive HR🞎 Negative HR🞎 Indeterminate🞎 Not reported | 🞎 HPV 16 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A | 🞎 Yes🞎 No🞎 Not reported | 🞎 Yes🞎 No🞎 Not reported |
| 🞎 HPV 18 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 HPV 45 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 HPV 18/ 45 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 Other:\_\_\_\_\_\_\_\_\_\_ | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| **6** | \_\_\_\_ /\_\_\_\_ /\_\_\_\_MM/DD/YY | 🞎 Pap🞎 HPV🞎 Both | 🞎 Family practice🞎 Primary care physician🞎 Gynecologist🞎 Gyn/onc🞎 Advanced Practice Clinician (APN, PA, NP)🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 🞎 STM/ Glass slide🞎 ThinPrep🞎 SurePath🞎 Not reported |  | 🞎 Yes🞎 No🞎 Not reported or Not available | 🞎 Yes🞎 No🞎 Not reported | 🞎 Yes🞎 No🞎 Not reported | 🞎 Normal🞎 ASC-US🞎 ASC-H🞎 LSIL🞎 HSIL🞎 AGC🞎 Squamous CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Qiagen🞎 Cervista🞎 Roche Cobas🞎 Aptima🞎 Laboratory Developed Test (LDT)🞎 Not Specific | 🞎 Positive HR🞎 Negative HR🞎 Indeterminate🞎 Not reported | 🞎 HPV 16 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A | 🞎 Yes🞎 No🞎 Not reported | 🞎 Yes🞎 No🞎 Not reported |
| 🞎 HPV 18 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 HPV 45 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 HPV 18/ 45 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 Other:\_\_\_\_\_\_\_\_\_\_ | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| **7** | \_\_\_\_ /\_\_\_\_ /\_\_\_\_MM/DD/YY | 🞎 Pap🞎 HPV🞎 Both | 🞎 Family practice🞎 Primary care physician🞎 Gynecologist🞎 Gyn/onc🞎 Advanced Practice Clinician (APN, PA, NP)🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 🞎 STM/ Glass slide🞎 ThinPrep🞎 SurePath🞎 Not reported |  | 🞎 Yes🞎 No🞎 Not reported or Not available | 🞎 Yes🞎 No🞎 Not reported | 🞎 Yes🞎 No🞎 Not reported | 🞎 Normal🞎 ASC-US🞎 ASC-H🞎 LSIL🞎 HSIL🞎 AGC🞎 Squamous CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Qiagen🞎 Cervista🞎 Roche Cobas🞎 Aptima🞎 Laboratory Developed Test (LDT)🞎 Not Specific | 🞎 Positive HR🞎 Negative HR🞎 Indeterminate🞎 Not reported | 🞎 HPV 16 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A | 🞎 Yes🞎 No🞎 Not reported | 🞎 Yes🞎 No🞎 Not reported |
| 🞎 HPV 18 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 HPV 45 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 HPV 18/ 45 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 Other:\_\_\_\_\_\_\_\_\_\_ | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| **8** | \_\_\_\_ /\_\_\_\_ /\_\_\_\_MM/DD/YY | 🞎 Pap🞎 HPV🞎 Both | 🞎 Family practice🞎 Primary care physician🞎 Gynecologist🞎 Gyn/onc🞎 Advanced Practice Clinician (APN, PA, NP)🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 🞎 STM/ Glass slide🞎 ThinPrep🞎 SurePath🞎 Not reported |  | 🞎 Yes🞎 No🞎 Not reported or Not available | 🞎 Yes🞎 No🞎 Not reported | 🞎 Yes🞎 No🞎 Not reported | 🞎 Normal🞎 ASC-US🞎 ASC-H🞎 LSIL🞎 HSIL🞎 AGC🞎 Squamous CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Qiagen🞎 Cervista🞎 Roche Cobas🞎 Aptima🞎 Laboratory Developed Test (LDT)🞎 Not Specific | 🞎 Positive HR🞎 Negative HR🞎 Indeterminate🞎 Not reported | 🞎 HPV 16 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A | 🞎 Yes🞎 No🞎 Not reported | 🞎 Yes🞎 No🞎 Not reported |
| 🞎 HPV 18 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 HPV 45 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 HPV 18/ 45 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 Other:\_\_\_\_\_\_\_\_\_\_ | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| **9** | \_\_\_\_ /\_\_\_\_ /\_\_\_\_MM/DD/YY | 🞎 Pap🞎 HPV🞎 Both | 🞎 Family practice🞎 Primary care physician🞎 Gynecologist🞎 Gyn/onc🞎 Advanced Practice Clinician (APN, PA, NP)🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 🞎 STM/ Glass slide🞎 ThinPrep🞎 SurePath🞎 Not reported |  | 🞎 Yes🞎 No🞎 Not reported or Not available | 🞎 Yes🞎 No🞎 Not reported | 🞎 Yes🞎 No🞎 Not reported | 🞎 Normal🞎 ASC-US🞎 ASC-H🞎 LSIL🞎 HSIL🞎 AGC🞎 Squamous CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Qiagen🞎 Cervista🞎 Roche Cobas🞎 Aptima🞎 Laboratory Developed Test (LDT)🞎 Not Specific | 🞎 Positive HR🞎 Negative HR🞎 Indeterminate🞎 Not reported | 🞎 HPV 16 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A | 🞎 Yes🞎 No🞎 Not reported | 🞎 Yes🞎 No🞎 Not reported |
| 🞎 HPV 18 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 HPV 45 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 HPV 18/ 45 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 Other:\_\_\_\_\_\_\_\_\_\_ | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| **10** | \_\_\_\_ /\_\_\_\_ /\_\_\_\_MM/DD/YY | 🞎 Pap🞎 HPV🞎 Both | 🞎 Family practice🞎 Primary care physician🞎 Gynecologist🞎 Gyn/onc🞎 Advanced Practice Clinician (APN, PA, NP)🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 🞎 STM/ Glass slide🞎 ThinPrep🞎 SurePath🞎 Not reported |  | 🞎 Yes🞎 No🞎 Not reported or Not available | 🞎 Yes🞎 No🞎 Not reported | 🞎 Yes🞎 No🞎 Not reported | 🞎 Normal🞎 ASC-US🞎 ASC-H🞎 LSIL🞎 HSIL🞎 AGC🞎 Squamous CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Qiagen🞎 Cervista🞎 Roche Cobas🞎 Aptima🞎 Laboratory Developed Test (LDT)🞎 Not Specific | 🞎 Positive HR🞎 Negative HR🞎 Indeterminate🞎 Not reported | 🞎 HPV 16 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A | 🞎 Yes🞎 No🞎 Not reported | 🞎 Yes🞎 No🞎 Not reported |
| 🞎 HPV 18 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 HPV 45 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 HPV 18/ 45 | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |
| 🞎 Other:\_\_\_\_\_\_\_\_\_\_ | 🞎 Pos. 🞎 Neg.🞎 Not Rep. 🞎 N/A |

1. **Cervical Cancer Diagnostic Testing**

**D.1** Has patient had a COLPOSCOPY (*with* or *without* CERVICAL or ENDOCERVICAL BIOPSIES) during the 5-year review period?

🞎 Yes 🞎 No

(If **YES**, please complete TABLE II for all COLPOSCOPY and BIOPSY results during the review period)

**Table II. Colposcopies and Biopsies, review period only**

|  | **D.2** | **D.3** | **D.4** | **D.5** | **D.6** | **D.7** | **D.8** | **D.9.a** | **D.9.b** | **D.9.c** | **D.9.d** | **D.10** | **D.11** | **D.12** | **D.13** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | **Cervical Biopsies** *(if D.6 = Cervical or Both)* | **ECC** *(if D.6 = ECC or Both)* |  |  |  |
| **COLPOSOPY** | **Date of colpo-scopy** | **Colposcopy performed by** | **Provider Study ID***(If i.1 = a)* | **Were cervical biopsies or Endocervical Curettage (ECC) performed?** | **Type of Biospy/ Biopsies****(***choose one)* | **Number of cervical biopsy specimens** | **Number of cervical biopsy test results returned** | **Cervical biopsy test results: specimen 1, or all specimens if combined***(check all that apply)* | **Cervical biopsy test results: specimen 2***(check all that apply)* | **Cervical biopsy test results: specimen 3***(check all that apply)* | **Cervical biopsy test results: specimen 4***(check all that apply)* | **Endocervical Curettage (ECC) test results***(check all that apply)* | **Was patient referred to treatment/ diagnosis?** | **Did patient return for treatment/ diagnosis?** | **Comments** *(e.g., biopsy results for more than 4 specimens)* |
| **1** | \_\_\_\_ /\_\_\_\_ /\_\_\_\_ MM/DD/YY | 🞎 Family practice🞎 Primary care physician🞎 Gynecologist🞎 Gyn/onc🞎 Advanced Practice Clinician (APN, PA, NP)🞎 Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 🞎 Yes🞎 No*(if no, skip to next colposcopy)* | 🞎 Cervical🞎 Endocervical Curettage (ECC)🞎 Both | 🞎 1🞎 2🞎 3🞎 4🞎 > 4 | 🞎 1🞎 2🞎 3🞎 4🞎 > 4 | 🞎 Normal 🞎 CIN1🞎 CIN2🞎 CIN3🞎 CIN2/3🞎 AIS🞎 LSIL🞎 HSIL🞎 CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Normal 🞎 CIN1🞎 CIN2🞎 CIN3🞎 CIN2/3🞎 AIS🞎 LSIL🞎 HSIL🞎 CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Normal 🞎 CIN1🞎 CIN2🞎 CIN3🞎 CIN2/3🞎 AIS🞎 LSIL🞎 HSIL🞎 CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Normal 🞎 CIN1🞎 CIN2🞎 CIN3🞎 CIN2/3🞎 AIS🞎 LSIL🞎 HSIL🞎 CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Normal 🞎 CIN1🞎 CIN2🞎 CIN3🞎 CIN2/3🞎 AIS🞎 LSIL🞎 HSIL🞎 CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Yes🞎 No🞎 Not reported | 🞎 Yes🞎 No🞎 Not reported |  |
| **2** | \_\_\_\_ /\_\_\_\_ /\_\_\_\_ MM/DD/YY | 🞎 Family practice🞎 Primary care physician🞎 Gynecologist🞎 Gyn/onc🞎 Advanced Practice Clinician (APN, PA, NP)🞎 Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 🞎 Yes🞎 No*(if no, skip to next colposcopy)* | 🞎 Cervical🞎 Endocervical Curettage (ECC)🞎 Both | 🞎 1🞎 2🞎 3🞎 4🞎 > 4 | 🞎 1🞎 2🞎 3🞎 4🞎 > 4 | 🞎 Normal 🞎 CIN1🞎 CIN2🞎 CIN3🞎 CIN2/3🞎 AIS🞎 LSIL🞎 HSIL🞎 CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Normal 🞎 CIN1🞎 CIN2🞎 CIN3🞎 CIN2/3🞎 AIS🞎 LSIL🞎 HSIL🞎 CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Normal 🞎 CIN1🞎 CIN2🞎 CIN3🞎 CIN2/3🞎 AIS🞎 LSIL🞎 HSIL🞎 CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Normal 🞎 CIN1🞎 CIN2🞎 CIN3🞎 CIN2/3🞎 AIS🞎 LSIL🞎 HSIL🞎 CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Normal 🞎 CIN1🞎 CIN2🞎 CIN3🞎 CIN2/3🞎 AIS🞎 LSIL🞎 HSIL🞎 CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Yes🞎 No🞎 Not reported | 🞎 Yes🞎 No🞎 Not reported |  |
| **3** | \_\_\_\_ /\_\_\_\_ /\_\_\_\_ MM/DD/YY | 🞎 Family practice🞎 Primary care physician🞎 Gynecologist🞎 Gyn/onc🞎 Advanced Practice Clinician (APN, PA, NP)🞎 Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 🞎 Yes🞎 No*(if no, skip to next colposcopy)* | 🞎 Cervical🞎 Endocervical Curettage (ECC)🞎 Both | 🞎 1🞎 2🞎 3🞎 4🞎 > 4 | 🞎 1🞎 2🞎 3🞎 4🞎 > 4 | 🞎 Normal 🞎 CIN1🞎 CIN2🞎 CIN3🞎 CIN2/3🞎 AIS🞎 LSIL🞎 HSIL🞎 CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Normal 🞎 CIN1🞎 CIN2🞎 CIN3🞎 CIN2/3🞎 AIS🞎 LSIL🞎 HSIL🞎 CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Normal 🞎 CIN1🞎 CIN2🞎 CIN3🞎 CIN2/3🞎 AIS🞎 LSIL🞎 HSIL🞎 CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Normal 🞎 CIN1🞎 CIN2🞎 CIN3🞎 CIN2/3🞎 AIS🞎 LSIL🞎 HSIL🞎 CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Normal 🞎 CIN1🞎 CIN2🞎 CIN3🞎 CIN2/3🞎 AIS🞎 LSIL🞎 HSIL🞎 CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Yes🞎 No🞎 Not reported | 🞎 Yes🞎 No🞎 Not reported |  |
| **4** | \_\_\_\_ /\_\_\_\_ /\_\_\_\_ MM/DD/YY | 🞎 Family practice🞎 Primary care physician🞎 Gynecologist🞎 Gyn/onc🞎 Advanced Practice Clinician (APN, PA, NP)🞎 Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 🞎 Yes🞎 No*(if no, skip to next colposcopy)* | 🞎 Cervical🞎 Endocervical Curettage (ECC)🞎 Both | 🞎 1🞎 2🞎 3🞎 4🞎 > 4 | 🞎 1🞎 2🞎 3🞎 4🞎 > 4 | 🞎 Normal 🞎 CIN1🞎 CIN2🞎 CIN3🞎 CIN2/3🞎 AIS🞎 LSIL🞎 HSIL🞎 CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Normal 🞎 CIN1🞎 CIN2🞎 CIN3🞎 CIN2/3🞎 AIS🞎 LSIL🞎 HSIL🞎 CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Normal 🞎 CIN1🞎 CIN2🞎 CIN3🞎 CIN2/3🞎 AIS🞎 LSIL🞎 HSIL🞎 CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Normal 🞎 CIN1🞎 CIN2🞎 CIN3🞎 CIN2/3🞎 AIS🞎 LSIL🞎 HSIL🞎 CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Normal 🞎 CIN1🞎 CIN2🞎 CIN3🞎 CIN2/3🞎 AIS🞎 LSIL🞎 HSIL🞎 CA🞎 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Yes🞎 No🞎 Not reported | 🞎 Yes🞎 No🞎 Not reported |  |

1. **Diagnosis**

**E.1** Was DIAGNOSIS OR TREATMENT PROCEDURE REQUIRED as a result of pap or biopsy test results during the 5-year review period?

🞎 Yes 🞎 No

(If **YES**, please complete TABLE III for all DIAGNOSTIC AND EXCISIONAL PROCEDURES RECEIVED during the review period.)

**Table III. Diagnostic procedures received, review period only**

|  | **E.1** | **E.2** | **E.3** | **E.4** |
| --- | --- | --- | --- | --- |
| **PROCEDURE** | **Date of diagnostic procedure/treatment** | **Diagnostic procedure/treatment performed by** | **Provider Study ID***(If i.1 = a)* | **Type of diagnostic procedure/treatment***(check all that apply)* |
| **1** | \_\_\_\_ /\_\_\_\_ /\_\_\_\_ MM/DD/YY | 🞎 Family practice🞎 Primary care physician🞎 Gynecologist🞎 Gyn/onc🞎 Advanced Practice Clinician (APN, PA, NP)🞎 Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 🞎 LEEP🞎 Cold knife cone🞎 CO2 Laser therapy🞎 Cryo🞎 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **2** | \_\_\_\_ /\_\_\_\_ /\_\_\_\_ MM/DD/YY | 🞎 Family practice🞎 Primary care physician🞎 Gynecologist🞎 Gyn/onc🞎 Advanced Practice Clinician (APN, PA, NP)🞎 Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 🞎 LEEP🞎 Cold knife cone🞎 CO2 Laser therapy🞎 Cryo🞎 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **3** | \_\_\_\_ /\_\_\_\_ /\_\_\_\_ MM/DD/YY | 🞎 Family practice🞎 Primary care physician🞎 Gynecologist🞎 Gyn/onc🞎 Advanced Practice Clinician (APN, PA, NP)🞎 Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 🞎 LEEP🞎 Cold knife cone🞎 CO2 Laser therapy🞎 Cryo🞎 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **4** | \_\_\_\_ /\_\_\_\_ /\_\_\_\_ MM/DD/YY | 🞎 Family practice🞎 Primary care physician🞎 Gynecologist🞎 Gyn/onc🞎 Advanced Practice Clinician (APN, PA, NP)🞎 Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 🞎 LEEP🞎 Cold knife cone🞎 CO2 Laser therapy🞎 Cryo🞎 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Other Patient History**

|  |  |  |  |
| --- | --- | --- | --- |
| **F.1** Has patient experienced symptoms of cervical disease during the 5-year review period? | [ ]  Yes[ ]  No*(IF F.1 =* ***YES****, complete F.2)* | **F.2** Check all that apply. | [ ]  Abnormal bleeding[ ]  Bleeding after intercourse[ ]  Discharge[ ]  Pain[ ]  Urinary symptoms[ ]  Other |