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 |