**Women's Wellness Connection**

**CERVICAL DIAGNOSTICS DATA ENTRY TOOL**

<table>
<thead>
<tr>
<th>AGENCY OR SITE</th>
<th>eCaST ID</th>
<th>FIRST NAME</th>
<th>$SN</th>
<th>DATE OF BIRTH</th>
<th>AGE</th>
</tr>
</thead>
</table>

**COLPOSCOPY RESULT WITH BIOPSY/ECC RESULT:**

- Negative
- Benign, HPV, condyloma, atypia
- CIN I or mild dysplasia
- CIN II or moderate dysplasia
- CIN III, CIS, AIS, or severe dysplasia
- Invasive cervical carcinoma
- Insufficient sample

**LOCATION PERFORMED:**

- FUNDING: □ WWC □ Other

**DATE PERFORMED:**

**COLPOSCOPY WITHOUT BIOPSY RESULT:**

- Adequate Colpo/ Normal Appearing Cervix
- Inadequate/ Abnormal/ Further Diagnostic Need

**LOCATION PERFORMED:**

- FUNDING: □ WWC □ Other

**DATE PERFORMED:**

**OTHER CERVICAL DX PROCEDURE:**

- Type:
  - Cold Knife Cone (CKC)
  - Endometrial Biopsy (EMB only covered after AGC pap)
  - Gyn Consult
  -LEEP/ LOOP
  - Polyp removal
  - Other (please specify)

- Result:
  - Negative (WNL)
  - CIN I or mild dysplasia
  - CIN II or moderate dysplasia
  - CIN III, CIS, AIS, or severe dysplasia
  - Invasive cervical carcinoma
  - Insufficient results

**LOCATION PERFORMED:**

- FUNDING: □ WWC □ Other

**DATE PERFORMED:**

**FINAL DIAGNOSIS STATUS:**

- **DIAGNOSTIC WORK-UP IS COMPLETE** (choose one below):
  - Return for annual exam
  - Patient needs short-term follow-up in _____months
  - Treatment needed
  - Further immediate diagnostic tests required

- **DIAGNOSTIC WORK-UP IS NOT COMPLETE** (choose one below):
  - Lost to follow-up: Date:__________
  - Refused: Date:__________
  - Deceased: Date:__________

**FINAL DIAGNOSIS:** Required 60 days after first abnormal screening.

- Normal, benign reaction or inflammation
- HPV, Condylomata or Atypia
- CIN I or mild dysplasia
- CIN II or moderate dysplasia
- CIN III, CIS, AIS, severe dysplasia
- *CIN II or moderate dysplasia
- *CIN III, CIS, AIS, severe dysplasia
- *Invasive cervical carcinoma
- Other (please specify):

**TREATMENT:** Required when Final Diagnostic is abnormal. To be initiated within 60 days of Final Diagnosis.

- Treatment pending
- Treatment started: Date:__________
- Not medically indicated, not needed
- Treatment not done (choose one below):
  - Lost to follow-up: Date:__________
  - Refused: Date:__________
  - Deceased: Date:__________

**MEDICAID ELIGIBILITY:** Required when Final Diagnostic is abnormal. To be initiated within 5 days of Final Diagnosis.

- Eligible
- Not eligible: Reason ______________________________

**Revised September 2014**