Client Name	Date of Birth	MCCP Breast & Cervical Abnormal Form

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CERVICAL CANCER SCREENING ADDITIONAL PROCEDURES

	Procedure	Date	Results
☐	Cold Knife Cone (CKC)	/ /	
☐	Colposcopy with biopsy	/ /	
☐	Colposcopy with biopsy and ECC	/ /	
☐	Colposcopy with ECC	/ /	
☐	Colposcopy without biopsy	/ /	
☐	Endocervical Curettage (ECC)	/ /	
☐	Gynecologic Consultation	/ /	
☐	LEEP	/ /	
☐	Other biopsy – non colposcopic	/ /	
☐	Transvaginal Ultrasound (not in CAST)	/ /	
☐	Endometrial Biopsy (not in CAST)	/ /	

BREAST CANCER SCREENING ADDITIONAL PROCEDURES

☐	Additional mam views	/ /	
☐	Breast Ultrasound	/ /	
☐	Biopsy	/ /	
☐	Consultant-Repeat CBE	/ /	
☐	Film Comparison	/ /	
☐	Fine Needle aspirate (NFA)	/ /	
☐	MRI	/ /	
☐	Surgical consultation	/ /	

Cervical Final Diagnosis

- ☐ Adenocarcinoma
- ☐ CIN1
- ☐ **CIN II**
- ☐ **CIN III/CIS**
- ☐ **HSIL**
- ☐ **Invasive Carcinoma**
- ☐ LSIL
- ☐ Negative (WNL)
- ☐ Not done – oth/unk reason
- ☐ No tissue present
- ☐ Oth nonmalignant abn (HPV,condyloma)
- ☐ Refused
- ☐ Unknown

Breast Final Diagnosis

- ☐ Cancer not diagnosed
- ☐ Cancer, in-situ – LCIS
- ☐ **Cancer, in-situ – DCIS**
- ☐ **Cancer, invasive**

Status of final diagnosis/imaging

- ☐ Work-up complete ____/____/____
- ☐ Work-up refused ____/____/____
- ☐ Lost to follow-up ____/____/____

Status of treatment (required for bolded final diagnosis)

- ☐ Started Date ____/____/____
- ☐ Refused Date ____/____/____
- ☐ Lost to follow-up Date ____/____/____
- ☐ Next Screening or Follow-up due ____/____/____

Provider's Signature **Print provider's name**