



Patient ID: \_\_\_\_\_

Cycle #: \_\_\_\_

**Cervical Cancer Diagnosis Data Collection Form**

A. Patient Information					
1a. Last Names	1b. First Name	1c. Initial	2. SSN	3. DOB	4. Age
5a. Postal Address	5b. Municipality	5c. State	5d. Zip Code	6. Phone Number	
7. Provider #	8. Record #	9. Municipality of Diagnosis			
B. Diagnostic Procedures (Mark all that apply)					
10a. Gynecologic Consultation	<input type="radio"/>	10b. Date of Procedure	10c. Bill to PRBCCEDP:	<input type="radio"/> Yes <input type="radio"/> No	
11a. Colposcopy w/o Biopsy	<input type="radio"/>	11b. Date of Procedure	11c. Bill to PRBCCEDP:	<input type="radio"/> Yes <input type="radio"/> No	
12a. Colposcopy with Biopsy	<input type="radio"/>	12b. Date of Procedure	12c. Bill to PRBCCEDP:	<input type="radio"/> Yes <input type="radio"/> No	
13a. Colposcopy with ECC	<input type="radio"/>	13b. Date of Procedure	13c. Bill to PRBCCEDP:	<input type="radio"/> Yes <input type="radio"/> No	
14a. Endocervical Curettage Only (ECC)	<input type="radio"/>	14b. Date of Procedure	14c. Bill to PRBCCEDP:	<input type="radio"/> Yes <input type="radio"/> No	
15a. Loop Electrosurgical Excision Procedure (LEEP)	<input type="radio"/>	15b. Date of Procedure	15c. Bill to PRBCCEDP:	<input type="radio"/> Yes <input type="radio"/> No	
16a. Cold-Knife Cone (CKC)	<input type="radio"/>	16b. Date of Procedure	16c. Bill to PRBCCEDP:	<input type="radio"/> Yes <input type="radio"/> No	
17a. Laser Conization	<input type="radio"/>	17b. Date of Procedure	17c. Bill to PRBCCEDP:	<input type="radio"/> Yes <input type="radio"/> No	
18a. Other biopsy-not colposcopy	<input type="radio"/>	18b. Date of Procedure	18c. Bill to PRBCCEDP:	<input type="radio"/> Yes <input type="radio"/> No	
19a. Other Cervical Procedures:	<input type="radio"/>	19b. Date of Procedure	19c. Bill to PRBCCEDP:	<input type="radio"/> Yes <input type="radio"/> No	
C. Diagnosis Information					
20a. Status of Final Diagnosis:					
<input type="radio"/> Work-up Complete	20b. Date of Final Diagnosis:	<input type="radio"/> Lost to Follow Up	<input type="radio"/> Work-up Refused		
21. Final Diagnosis:					
<input type="radio"/> Normal / Benign Reaction / Inflammation <input type="radio"/> HPV / Condylomata / Atypia <input type="radio"/> CIN I / Mild Dysplasia (Biopsy Diagnosis) <input type="radio"/> CIN II / Moderate Dysplasia (Biopsy Diagnosis) <input type="radio"/> CIN III / Severe Dysplasia / Carcinoma in situ (Stage 0) (Biopsy Diagnosis)			<input type="radio"/> Invasive Cervical Carcinoma (Biopsy Diagnosis) <input type="radio"/> HSIL <input type="radio"/> LSIL <input type="radio"/> Adenocarcinoma <input type="radio"/> Other Final Diagnosis (Specify):		
D. Treatment Information					
22a. Status of Treatment:			23a. Follow up:		
<input type="radio"/> Treatment Started	22b. Date of Treatment:	<input type="radio"/> 5 years	<input type="radio"/> 3 year	<input type="radio"/> 1 year	<input type="radio"/> Short-term
<input type="radio"/> Treatment Pending	<input type="radio"/> Treatment Refused	23b. Specify Short-Term months			
<input type="radio"/> Treatment not Needed	<input type="radio"/> Lost to Follow-up (includes death)				
24. Comments:					
25. Provider's Name and Signature:					26. Date: