Cervical screening form

1. Surname and forename(s)

2. Personal identifier

3. Language of correspondence
☐ Finnish ☐ Other: _____
☐ Swedish

4. Postal address

5. Year of invitation

6. Inviting municipality

7. Sample number

8. Reason for invitation
☐ 5-year screening
Risk group: ☐ Symptom ☐ Cytology ☐ HPV

9. Randomisation group

10. Sampling date
____ of ____ 20_____

11. Sample taker number

12. Laboratory

13. General anamnesis
First day of last menstrual period
____ ____ 20_____
☐ Periods stopped because of menopause, in year
_____
☐ Pregnant, _____ weeks
☐ Breast-feeds
☐ HRT in use
☐ Uses oral contraception
☐ Uses IUD
☐ Uses hormonal IUD
☐ Uses other hormonal contraception
☐ Continuous disturbing discharge
☐ Discharge with bleeding
☐ Bleeding during/after intercourse
☐ Irregular bleeding or spotting
☐ Postmenopausal bleeding
☐ Hysterectomy done in year
_____
☐ Sub-total hysterectomy done in year
_____

14. Previous cervical samples
☐ Not taken
☐ Taken, how many: _____
last in year _____
last taken ☐ within organised screening
☐ for other purposes
Result:
_____

15. Previously diagnosed cervical lesions and their treatment
Cervical lesion: ☐ Not diagnosed
☐ Diagnosed – what: _____
in year _____
Treatment: ☐ Not treated
☐ Treated – how (LLETZ, cryo, laser, knife, other)
in year _____

16. Cytological analysis
☐ Conventional ☐ Automation-assisted (Sticker)

Specimen adequacy
☐ Satisfactory
☐ Satisfactory, but endocervical cells are absent
☐ Satisfactory, but limited because of…
☐ Unsatisfactory, because…

General categorisation
☐ Negative for intraepithelial lesion
☐ Epithelial cell abnormality
☐ Other abnormality

Papanicolaou class
1 2 3 4 5

Squamous cell abnormality
☐ ASC-US
☐ ASC-H
☐ LSIL
☐ HSIL
☐ Squamous cell carcinoma

Glandular cell abnormality
☐ Of endocervical cells
☐ Of endometrial cells
☐ Of glandular cells
☐ NOS
☐ Favour neoplastic
☐ Adenocarcinoma

Location on the smear
☐ Vagina
☐ Portio
☐ Endocervix

Organisms
☐ BV, clue cells
☐ Mixed flora
☐ Fungus
☐ Trichomonas
☐ Actinomyces
☐ Herpes

Reactive changes
☐ Inflammation
☐ Regeneration
☐ Radiation
☐ IUD changes

Other findings
☐ Cytolysis
☐ Atrophia
☐ Endometrial cells in a woman >50 years of age

Report:

Cytopathologist:

Date
____ ____ 20_____

Cytotechnician:

Date
____ ____ 20_____

17. HPV test
☐ Negative
☐ Positive
☐ Not done

RLU ratio
_____

Date
____ ____ 20_____

18. Recommended
☐ Colposcopy and biopsies
☐ Endocervical biopsy
☐ Endometrium biopsy
☐ Repeat test after treatment
☐ Repeat test during local oestrogen treatment
☐ Repeat test in _____ mo.
☐ Doctor's reception
☐ _____

19. Referred for further examinations
Date
____ ____ 20_____
Where to

20. Diagnostic confirmation
Date of diagnosis
____ ____ 20_____
Where from

Diagnosis:

Treatment:

☐ No biopsy

Primary location
☐ Cervix
☐ Vagina
☐ Vulva
☐ Corpus
☐ Other: _____

Further information