**BREAST AND CERVICAL CANCER CONTROL PROGRAM (BCCCP)**

**SCREENING FORM**

Mammogram and Pap Test Screening Results/Ultrasound Follow-up Results

Revised December 2013

<table>
<thead>
<tr>
<th>Patient Last Name</th>
<th>First Name</th>
<th>Birth Date</th>
</tr>
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<tbody>
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</tbody>
</table>

Enrollment/Clinic Site: __________________________________

### MAMMOGRAPHY

- **Screening**
- **Diagnostic**
  - Obtained from Non-BCCCP Provider
  - Repeat/unsatisfactory film
  - Indicated but not performed, Refused

<table>
<thead>
<tr>
<th>R</th>
<th>Mammogram Results</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Indicated, Omitted</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ACR 1: Negative</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ACR 2: Benign Finding</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ACR 3: Probably Benign</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*ACR 4: Suspicious Abnormality</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*ACR 5: Highly Suggestive of Malignancy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*ACR 0: Additional Work-up Required</td>
<td></td>
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</tbody>
</table>

- ACR 0: Assessment Inc./Film Comparison Ordered
- Final Mammogram Result:
  - R breast____
  - L breast____
  - Date:______________

### ULTRASOUND (Performed with Mammogram)

- Obtained from non BCCCP Provider

<table>
<thead>
<tr>
<th>R</th>
<th>Ultrasound Results</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Indicated, Omitted</td>
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</tr>
<tr>
<td></td>
<td>*Additional Work-up Required (Specify)___________________________</td>
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### Type of Breast Follow-up:

- None
- Short term (Specify) When __________________ Location________________
- *Immediate (Specify) When __________________ Location________________

### PAP TEST:

- Conventional
- Liquid Based

- Obtained from Non-BCCCP Provider
- Pap test Not Indicated, omitted (Reason)____________________
- Pap test Indicated but not performed, Refused
- Repeat due to unsatisfactory Pap test (Repeat in 6 weeks)

### Pap test Adequacy

- Satisfactory for Evaluation
- Unsatisfactory for Evaluation (Pap test MUST be repeated in 6 weeks)

### Co-Test Pap/HPV

- Pap Results
  - *LSIL
  - *ASC-H
  - *HSIL
  - *Atypical Glandular Cells
  - *Adenocarcinoma
  - *Squamous Cell Ca

### HPV Results

- Positive
- Negative

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Screening Pap Test/HPV Results

<table>
<thead>
<tr>
<th>Screening Pap Test/HPV Results</th>
<th>Follow Up Required</th>
</tr>
</thead>
</table>
| Pap test ONLY
  - Negative | Pap ONLY due in 3 (THREE) years (date) |
| Co-Test Pap/HPV
  - Pap = Negative
  - HPV = Negative | Pap ONLY due in 5 (FIVE) years (date) |
| Co-Test Pap/HPV
  - Pap = Negative
  - HPV = Positive | Co-Test Pap/HPV due in 1 year (date) |
| Co-Test Pap/HPV
  - Pap = Negative/Inflammation
  - HPV □ Positive □ Negative | Pap (ONLY) due in 6 months (date) |
| Co-Test Pap/HPV
  - Pap □ Unsatisfactory
  - HPV □ Positive □ Negative | Pap (ONLY) due in 6 WEEKS (date) |

Screening Pap Test/HPV Results

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| Pap test ONLY
  - ASC-US | Pap due in 1 (ONE) year (date) |
| Co-Test Pap/HPV
  - ASC-US
  - HPV = Negative | Co-Test Pap/HPV due in 1 (ONE) year (date) |
| Co-Test Pap/HPV
  - HPV = Positive | *Immediate Follow-up to rule out or confirm cervical cancer Date |

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