

## Colposcopy referral, visit and DNA data requirements

Colposcopy clinic name	Clinic number	<input type="checkbox"/> DHB
Colposcopist	Registration number	<input type="checkbox"/> Non-DHB
Date referral received by colposcopy service		
Date referral accepted by colposcopy service		
Appointment date		

### Woman's details

NHI	Date of birth	Ethnicity
Last name	First name(s)	
Residential address		

### Referred by

Name	Health practitioner	<input type="checkbox"/> GP
		<input type="checkbox"/> Nurse
		<input type="checkbox"/> Other
Health facility making referral		
Method of referral	Letter	Phone
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No
		Other (electronic referral)
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No

### Type of referral

First assessment (new case)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Subsequent assessment (follow-ups)	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th

**Note:** If a woman is referred from another DHB or specialist for follow-up or treatment, this should be noted as a subsequent assessment (follow-up).

NHI:
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**Smear taker's reason for referral**

1.	<input type="checkbox"/>	Abnormal smear
	<input type="checkbox"/>	A. Low grade (ASCUS/LSIL)
	<input type="checkbox"/>	B. High grade (ASC-H/HSIL)
	<input type="checkbox"/>	C. Suspicious of invasive cancer (squamous/adenocarcinoma)
	<input type="checkbox"/>	D. Glandular abnormality (AIS/AGC)
2.	<input type="checkbox"/>	Positive/detected hrHPV test results only
3.	<input type="checkbox"/>	Positive/detected hrHPV test results plus abnormal smear
4.	<input type="checkbox"/>	Clinical reasons only (eg, post-coital bleeding, abnormal cervical appearance, pelvic pain)
5.	<input type="checkbox"/>	Other reason eg vulval (specify):
6.		Optional comments about referral:

**Colposcopist's assessment of reason for referral**

1.	<input type="checkbox"/>	Abnormal smear
	<input type="checkbox"/>	A. Low grade (ASCUS/LSIL)
	<input type="checkbox"/>	B. High grade (ASC-H/HSIL)
	<input type="checkbox"/>	C. Suspicious of invasive cancer (squamous/adenocarcinoma)
	<input type="checkbox"/>	D. Glandular abnormality (AIS/AGC)
2.	<input type="checkbox"/>	Positive/detected hrHPV test results only
	<input type="checkbox"/>	A. Low grade clinical assessment (e.g. persistent positive hrHPV test for 'historical testing')
	<input type="checkbox"/>	B. High grade clinical assessment
	<input type="checkbox"/>	C. Suspicious of invasive cancer clinical assessment
	<input type="checkbox"/>	D. Post-treatment (i.e. within three years of treatment for a high-grade abnormality)
3.	<input type="checkbox"/>	Positive/detected hrHPV test results plus abnormal smear
	<input type="checkbox"/>	A. Low grade (ASCUS/LSIL)
	<input type="checkbox"/>	B. High grade (ASC-H/HSIL)
	<input type="checkbox"/>	C. Suspicious of invasive cancer (squamous/adenocarcinoma)
	<input type="checkbox"/>	D. Glandular abnormality (AIS/AGC)
4.	<input type="checkbox"/>	Clinical reasons only (eg, post-coital bleeding, abnormal cervical appearance, pelvic pain)
	<input type="checkbox"/>	A. Low grade clinical assessment
	<input type="checkbox"/>	B. High grade clinical assessment
	<input type="checkbox"/>	C. Suspicious of invasive cancer clinical assessment
	<input type="checkbox"/>	D. Other clinical assessment
5.	<input type="checkbox"/>	Other reason eg vulval (specify):
	<input type="checkbox"/>	A. Low grade clinical assessment
	<input type="checkbox"/>	B. High grade clinical assessment
	<input type="checkbox"/>	C. Suspicious of invasive cancer clinical assessment
	<input type="checkbox"/>	D. Other clinical assessment
6.		Optional comments about referral:

**Note:** Standard 602 states the maximum waiting times for a colposcopic assessment:

- Within 10 working days for suspicions of invasive cancer
- Within 20 working days for high-grade abnormalities (including glandular)
- Within 4 to 12 weeks for post-treatment hrHPV test and other clinical assessments (i.e. 4D and 5D)
- Must not exceed 26 weeks for low-grade abnormalities

NHI:
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**Colposcopy visit details**

Date of visit	
Admission type	<input type="checkbox"/> Outpatient <input type="checkbox"/> Day patient <input type="checkbox"/> Inpatient
First assessment (new case)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subsequent assessment (follow-ups)	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th
Pregnant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Colposcopy performed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Colposcopy site	<input type="checkbox"/> Cervical <input type="checkbox"/> Vaginal <input type="checkbox"/> Both cervical and vaginal <input type="checkbox"/> Other
Review / results discussed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Arranged treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Colposcopy findings**

Transformation zone visible	<input type="checkbox"/> Completely <input type="checkbox"/> Partially <input type="checkbox"/> Not visible <input type="checkbox"/> N/A
Lesion present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inconclusive
Number of quadrants involved	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Normal findings noted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Abnormal visible lesion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits of lesion visible	<input type="checkbox"/> Yes <input type="checkbox"/> No
Predicted grade(s) of abnormality	
Low-grade squamous	<input type="checkbox"/> Yes <input type="checkbox"/> No
High-grade squamous	<input type="checkbox"/> Yes <input type="checkbox"/> No
Glandular (AIS)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Micro-invasive cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Invasive cancer (squamous/glandular)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Actions taken during visit**

Cervical/Vaginal smear	<input type="checkbox"/> Yes <input type="checkbox"/> No	hrHPV test	<input type="checkbox"/> Yes <input type="checkbox"/> No
Biopsy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Site of biopsy (biopsies) taken			
If no biopsy taken, give reasons			
Treatment this visit	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of treatment			
Wireloop excisional procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Laser ablation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Ablation by other means other than laser	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cold knife cone	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Diathermy cone	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Laser cone	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hysterectomy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Total	<input type="checkbox"/> Subtotal
Other (describe)			
Diagram/photo of lesion	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>NHI:</b>
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Local or general anaesthesia used	<input type="checkbox"/> Local	<input type="checkbox"/> General	<input type="checkbox"/> N/A
Follow-up management recommended	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Next visit recommended in	months		

**Follow-up visit data**

Date histology specimen report received by colposcopy service	
Decision to treat date	
Date woman informed	
Histological specimen taken satisfactory for interpretation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Biopsy result	<input type="checkbox"/> Negative <input type="checkbox"/> CIN1/HPV <input type="checkbox"/> CIN2 <input type="checkbox"/> CIN2/3 <input type="checkbox"/> CIN3 <input type="checkbox"/> AIS <input type="checkbox"/> Adenocarcinoma <input type="checkbox"/> Squamous carcinoma <input type="checkbox"/> Adenosquamous carcinoma <input type="checkbox"/> Other

**Did not attend**

Scheduled visit date	
For	
1st assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Follow-up after treatment/other	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for DNA (if known)	
Rescheduled appointment date	

**Discharged from colposcopy**

To smear taker	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of discharge	<input type="checkbox"/> <3 months <input type="checkbox"/> < 6 months
Name of health worker / health facility			<input type="checkbox"/> <12 months <input type="checkbox"/> >12 months
To oncology	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of discharge	<input type="checkbox"/> <3 months <input type="checkbox"/> < 6 months
Name of health worker / health facility			<input type="checkbox"/> <12 months <input type="checkbox"/> >12 months
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of discharge	<input type="checkbox"/> <3 months <input type="checkbox"/> < 6 months
Name of health worker / health facility			<input type="checkbox"/> <12 months <input type="checkbox"/> >12 months