



ScreenWise Program Screening Results Form

Enrolling agency: _____ Site name: _____

MRN: _____ Date of enrollment: _____

Patient full name: _____ Date of birth: _____

Breast screening services initial mammogram

Date of mammogram: _____ Screening mammography _____ Diagnostic mammography _____

Mammogram results

(BIRADS 1) Negative

(BIRADS 2) Benign finding

(BIRADS 3) Probably benign

BIRADS 4) Suspicious abnormality

BIRADS 5) Highly suggestive of malignancy

(BIRADS 0) Need evaluation or film comparison

Result pending (resubmit data when compete)

No result available-patient lost to follow-up, last

contact date: _____

Breast screening follow-up recommendations

Diagnostic work-up not needed at this time

Diagnostic work-up to be determined

Diagnostic work-up needed (abnormal result)

Cervical screening services HPV test

Co-Testing

Reflex

Unknown

HPV result

Negative

Positive with positive genotyping (16 or 18)

Positive with no genotyping done

Not done

Positive with negative genotyping (No 16 or 18)

Pap test

Pap test date: _____

Routine

Surveillance

Pap result

Negative for intraepithelial
lesion or malignancyInfection, inflammation, or
reactive changes

Result pending

(resubmit data when compete)

Unsatisfactory Pap, repeat
Pap needed

ASC-US

ASC-H

LSIL (including HPV changes)

High Grade SIL (HSIL)

Squamous Cell Carcinoma

Adenocarcinoma in situ (AIS)

Atypical Glandular Cells

Adenocarcinoma

Cervical screening follow-up recommendations

Diagnostic work-up not needed at this time

Diagnostic work-up needed (abnormal result)

Diagnostic work-up to be determined

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact ScreenWise Program at screenwise.info@odhsoha.oregon.gov or 503-580-0652 (voice/text). We accept all relay calls.