NATIONAL
CERVICAL SCREENING
PROGRAM
A joint Australian, State and Territory Government Program

COLPOSCOPY & TREATMENT FORM

About this form

Use this form to notify an individual's cervical screening information to the Commonwealth Chief Medical Officer (CMO). From 1 December 2017, colposcopists are required to notify prescribed information to the CMO through the National Cancer Screening Register. Notification of cervical screening information to the CMO is a requirement under section 13 of the *National Cancer Screening Register Act 2016* and is prescribed by the *National Cancer Screening Register Rules 2017*.

More information on the requirement to notify, including a factsheet, is available on the Department of Health's cancer screening website (www.cancerscreening.gov.au/NCSRRules).

How to access this form

This form can be downloaded from www.cancerscreening.gov.au/cervicalforms.

How to lodge this form

The original copy of this form can be lodged with the Register:

- Post to National Cervical Screening Program, Reply Paid 90964, SUNSHINE VIC 3020, or
- Fax on 1800 627 702.

For assistance please call the NCSR on 1800 627 701.

How to complete this form

Use a **black** pen and write in BLOCK LETTERS in the boxes provided.

Fill in ONE form, PER EPISODE i.e. initial diagnostic colposcopy consultation, or treatment (therapeutic colposcopy) unless the treatment is performed at the initial consultation where only one form is required.

Complete all relevant sections of this form based on the nature of the colposcopy undertaken (diagnostic or therapeutic). All fields on this form are mandatory, if a colposcopy is performed. This form must be completed by the individual healthcare provider (colposcopist, specialist or other) who performed the colposcopy.

- Complete **Section A** for every form lodged.
- Complete **Sections A and B** if this is your first time seeing the referred patient for a colposcopy, and then lodge the form. You should NOT wait for the biopsy results or treatment information to lodge the form.
- Complete **Sections A, B and C** if the patient is also treated at the initial colposcopy consultation.
- Complete **Sections A and C** if the patient has attended for treatment only/separately, then lodge the form.

Some definitions of the terminology are provided on the second page of this form.

Submit the completed form to the National Cancer Screening Register within 14 days of completing a colposcopy and/or treatment. The 14 days commences after the day the colposcopy and/or treatment is carried out.

It is recommended that you keep a copy of your completed form for your records.

Definitions

Provider Number:

List your Medicare provider number. If you perform colposcopy and do not have a Medicare number (e.g. Nurse Colposcopist or Registrar) please list your register access number or HPI-I. Only one number or HPI-I is required.

Colposcopy Adequacy:

- Adequate: the cervix has been visualised.
- Inadequate: the cervix has not been visualised due to vaginal stenosis, inflammation, bleeding, scarring, other.

Transformation Zone (TZ) type:

- Type 1 TZ= transformation zone is entirely visible and squamocolumnar junction is seen.
- Type 2 TZ= transformation zone extends into endocervical canal but squamocolumnar junction is seen.
- Type 3 TZ= transformation zone extends into endocervical canal and either entire squamocolumnar junction is not seen or upper limit of the squamocolumnar junction is not seen.

Excision Type:

- Type 1 excision= Usually to 8mm and not more than 10mm length of cervical tissue excised.
- Type 2 excision= Not more than 15mm length of tissue excised.
- Type 3 excision= Equivalent to 'cone biopsy' and >15mm length.

Country of Origin:

The country in which the person was born. Refer to 1269.0 - Standard Australian Classification of Countries (SACC) 2016 http://www.abs.gov.au/ausstats/abs@.nsf/mf/1269.0

Preferred Language:

The main language other than English spoken at home. Refer to 1267.0 - Australian Standard Classification of Languages (ASCL), 2016 http://www.abs.gov.au/ausstats/abs@.nsf/mf/1267.0

Privacy

Participant Privacy

In accordance with the relevant requirements of the Privacy Act 1988, patients are made aware that healthcare providers may collect and disclose their personal information to the National Cancer Screening Register (NCSR). You are authorised to collect and disclose your patient's personal information under the National Cancer Screening Register Act 2016.

Practitioner Privacy

The NCSR is authorised to collect information under the Privacy Act 1988 and the National Cancer Screening Register Act 2016. The NCSR collects information about you and other healthcare providers from the Department of Human Services and others for the purpose of verifying your identity and communicating with you. The NCSR also collects information directly from you. Your personal information may be disclosed to a range of agencies or organisations, including State and Territory Health Departments, Australian Government agencies and where you have agreed or where it is authorised or required by law or court or tribunal order.

If you require more information on the NCSR's privacy policy, please visit www.ncsr.gov.au

Australian Government
Department of Health

COLPOSCOPY & TREATMENT FORM

NATIONAL CERVICAL SCREENING PROGRAM
A joint Australian, State and Territory Government Program

Please complete one form for each visit for colposcopy or treatment. Use a black pen and write in BLOCK LETTERS in the boxes provided. Complete Patient and Colposcopist details below OR affix a hospital / facility label over the relevant area.

SECTION A: Patient, Colposcopist and colposcopy details

Patient details:

Medicare number: / *(or)*
DVA number:

Family name:

Given name/s:

DOB: Day Month Year

Street Address:

Suburb:

State: Postcode:

Indigenous status: *(if known)* Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander Non Indigenous Not Stated

Country of Origin: *(if known)*

Preferred Language: *(if known)*

Colposcopist details:

Provider no: *(or)*
HPI-I no: - - -

Clinic name:

Family name:

Given name/s:

Date of colposcopy/treatment: Day Month Year

SECTION B: Diagnostic colposcopy information

Primary indications for colposcopy: *(select one option only)*

- New patient with abnormal cervical screening test
- At time of treatment
- Abnormal appearance of cervix
- Symptomatic
- Follow-up of patient with previous abnormal cervical screening test
- Not performed
- Other. Please specify:

Colposcopy adequacy: Adequate Inadequate

Page 2 may become seperated from page 1. Please repeat Medicare / DVA identifier number on the top of this page.

Patient's Medicare number: /

DVA number:

Transformation zone (TZ) visibility:

- ☐ Type 1 TZ
- ☐ Type 2 TZ
- ☐ Type 3 TZ

Primary colposcopy impression: *(select one option only)*

- ☐ Normal
- ☐ No visible lesion
- ☐ LSIL
- ☐ HSIL
- ☐ Glandular abnormality (adenocarcinoma in situ)
- ☐ Cancer
- ☐ Other. Please specify:

Patient pregnant at time of colposcopy? ☐ Yes ☐ No

Biopsy performed this episode? ☐ Yes ☐ No

Treatment performed this episode? ☐ Yes ☐ No ⟶ ***If no, form now complete***

SECTION C: Treatment details (therapeutic colposcopy)

If treatment was performed this episode, please complete relevant sections below.

1. Excision type:

- ☐ Type 1 (<10mm)
- ☐ Type 2 (>10 and <15mm)
- ☐ Type 3 (>15mm)

Modality / method used for excision:

- ☐ Loop Diathermy
- ☐ Scalpel (Cold Knife)
- ☐ Laser
- ☐ Other

2. Ablation type:

- ☐ Laser
- ☐ Thermal Coagulation (Semm)
- ☐ Diathermy

3. Hysterectomy performed:

- ☐ Yes

Treatment anaesthetic type:

- ☐ Local
- ☐ Regional
- ☐ General

Location of treatment: *(select one option only)*

- ☐ Public Hospital
- ☐ Private Hospital
- ☐ Private Rooms
- ☐ Unknown/Other

How to lodge this form

The original copy of this form can be lodged with the Register:

- post to National Cervical Screening Program, Reply Paid 90964, SUNSHINE VIC 3020, or
- fax on 1800 627 702

For assistance with this form, please call 1800 627 701

Accountability Statement

By completing this form, you agree that you will, to the best of your knowledge, provide true and correct information for the colposcopy and/or treatment (as applicable) undertaken for this individual.