

COLPOSCOPY & TREATMENT FORM

How to access this form

This form can be downloaded from the www.cancerscreening.gov.au/cervicalforms or ordered by contacting the Contact Centre on 1800 627 701.

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.

Definitions

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.

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





COLPOSCOPY & TREATMENT FORM

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.

Patient details:

Medicare number: /

Family name:

Given name/s:

DOB: Day Month Year

Street Address:

Suburb:

State Postcode:

Colposcopist details:

Provider no:

Clinic name:

Family name:

Given name/s:

HPI-O:

Date of colposcopy: Day Month Year

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: *(see definitions)*

Adequate Inadequate

Transformation zone (TZ) visibility: *(see definitions)*

Type 1 TZ Type 2 TZ Type 3 TZ

