

West Virginia Breast and Cervical Cancer Screening Program Cervical Diagnostic Report

Referral Facility:	Phone: ()
Pap Test Date (mm/dd/yyyy)://	Pap Test Result:
Client Name (Last, First, MI):	
Social Security #:	Date Of Birth://
Cervical Procedure(s) Performed	
Procedures Paid by WVBCCSP	Procedures Paid by D&T Fund or MTA
Date Performed (mm/dd/yyyy)://	Date Performed (mm/dd/yyyy):/ //
Procedure A	Procedure B
Colposcopy with Biopsy	Cervical Polyp Removal
Colposcopy with ECC	Cold Knife Conization
Colposcopy without Biopsy	Cryotherapy These procedures
Endocervical Curettage	Endocervical Curettage require prior approval
Endometrial Biopsy with Colposcopy: Only reimbursed with a Pap test result of AGC or Adenocarcinoma.	☐ Hysterectomy to be reimbursed.
	Laser
Cervical Procedures A Result:	Cervical Procedure B Result:
🗆 Adenocarcinoma	Adenocarcinoma
	🗆 CIN I
	🗌 CIN II
	🗌 CIN III/ CIS
Invasive (WNL)	☐ Invasive (WNL)
No Tissue Present	No Tissue Present
Not Done, Other Unknown Reason	Not Done, Other Unknown Reason
U Other, Non-Malignant Abnormality (HPV, Condylomata)	Other, Non-Malignant Abnormality (HPV, Condylomata)
Refused	
Unknown	🗆 Unknown
Date of Findings (mm/dd/yyyy):/	Date of Findings (mm/dd/yyyy):/
Date of Findings (mm/dd/yyyy)://	Date of Findings (mm/dd/yyyy)://
Date of Findings (mm/dd/yyyy): / Cervical Recommendation A Date Patient Notified (mm/dd/yyyy): /	Date of Findings (mm/dd/yyyy): / Cervical Recommendation B Date Patient Notified (mm/dd/yyyy): /
Date of Findings (mm/dd/yyyy):// Cervical Recommendation A	Date of Findings (mm/dd/yyyy):// Cervical Recommendation B
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Original: WVBCCSP Two (2) copies: Provider

Send to : WVBCCSP 350 Capitol Street, Room 427, Charleston, WV 25301-3714