

Excisions & colposcopic biopsies performed for the diagnosis and treatment of pre-invasive cervical neoplasia

Request Information



Family name

Given name(s)

Date of birth

Date of request

Indigenous Status

- Aboriginal but not Torres Strait Islander origin
- Torres Strait Islander but not Aboriginal origin
- Both Aboriginal and Torres Strait Islander origin
- Neither Aboriginal nor Torres Strait Islander origin
- Not stated/inadequately described

Patient identifiers

e.g. MRN, IHI or NHI (please indicate which)

Requesting doctor - name and contact details

Copy to doctor name and contact details

PROCEDURE PERFORMED*

- Cervical biopsy
- Cervical excision type**
 - Type 1 (at least 6mm and up to 10mm length)
 - Type 2 (10 to 15mm length)
 - Type 3 (>15mm length)
- Cervical excision modality**
 - Electrosurgical excision eg Loop excision such as LLETZ, LEEP
 - Cold-knife cone biopsy
 - Laser cone biopsy
 - Endocervical curettage
 - Other (*specify*)

**Note both type of excision and modality should be provided*

COLPOSCOPIC FINDINGS

LOCATION OF ANY LESIONS (clock-face)

HPV RESULTS

- HPV 16 detected
- HPV 18 detected
- Oncogenic HPV (not 16/18) detected
- Oncogenic HPV not detected
- Other (*specify*)

Other relevant information eg date of testing

LBC RESULTS

PERTINENT GYNAE. PROCEDURE OR TREATMENT