

Screening for cervical cancer conducted by Minato City Consultation form and report of results

Please attach an examination card for screening for cervical cancer.

Conformation: An examination card for a person who is subject to HPV test should say (Cytological diagnosis + HPV)

Name of medical institution:

TEL/FAX:

Address of medical institution:

Date of consultation (Month/Day/Year):

Name of doctor:

_____ / _____ / _____

※The patient must fill in the columns within the thick frame		
Name		Date of birth (Month/Day/Year) ____ / ____ / ____ (Age: ____)
		TEL: _____
Previous history: Irregular bleeding: No / Yes (not subject to screening) Pregnancy/childbirth: Pregnancy _____ times, Childbirth _____ times, last childbirth (age: ____) Menstrual cycle: Regular / irregular, ____-day type, volume of menstrual flow (large/regular/small) Last menstruation: _____ days from / _____ (Month/Day) Menopause: At _____ years of age Use of hormone: No / Yes ※Examinee of HPV (human papillomavirus) test: <input type="checkbox"/> Please tick here if you do not want to go through this test		

Code (_____)

Clinical diagnosis:

History of medical examination: 1. First time 2. Re-examination (the number of examinations you went through in the past: _____)
 ⇒Examination in the previous year (No / Yes: Results No abnormality found / Others (_____))

Region of extraction: 1. Vaginal portion of cervix + Cervical canal 2. Vaginal portion of cervix 3. Cervical canal
 4. Others (_____)

Method of extraction: 1. Cytopick + brush 2. Cotton swab 3. Cytopick 4. Brush 5. Others (_____)

HPV test: 1. Yes / 2. No

Results of examination

Appropriateness of sample	1. Appropriate	2. Inappropriate (_____) *Please go through an re-examination	(Cytological findings)		
Cytological judgment and principles for guidance	Negative	1. NILM	a Normal b Other non-neoplastic findings (See "Comments") [1] Periodic examination	Surface-layer cells Intermediate-layer cells Deep-layer cells	
		Squamous abnormality	2. ASC-US	Suspicion of minor squamous intraepithelial lesion [2] Detailed examination required (the following options are available) ① HPV test is desirable or ② re-examination of cytotechnology (6 months and 12 months later) ③ Immediate colposcopy or biopsy permitted	Cervical gland cells
	3. ASC-H		Suspicion of advanced squamous intraepithelial lesion	Metaplastic cells	
	4. LSIL		Minor dysplasia / HPV (human papillomavirus) infection	[3] Detailed examination required: Immediate colposcopy or biopsy	Endometrial cells
			c Moderate dysplasia		White blood cells
			d Advanced dysplasia		Histiocyte
	5. HSIL		e Intraepithelial cancer	Red blood cells	
		6. SCC	Squamous cell cancer		
	Axial abnormality	7. AGC	Suspicion of axial deformation or adenocarcinoma	[4] Detailed examination required: Immediate colposcopy or biopsy Diagnosis of cervix and linear cells or tissues	Candida
		8. AIS	Intraepithelial adenocarcinoma		
9. Adenocarcinoma		Adenocarcinoma	[5] Detailed examination required: search for pathology	Trichomonas	
10. Other		Other types of malignant tumors			

Comments:

Cytotechnologist _____

Cytotechnology specialist _____

HPV test result 1. Negative (-) 2. Positive (+)

Entered by the medical institution that conducted the examination (only in applicable case)

※For summary of detailed examination results

History of detailed examination 1. First time 2. Not first time

Detailed examination

I ordered another medical institution to conduct a detailed examination.

Name of medical institution that is requested to conduct a detailed examination:

(_____)

(Submitted to Minato City)

Cytotechnology number _____

Reference number _____

※For medical institutions- Please detach page 4 and submit pages 1~3 to an institution to which cytological diagnosis is entrusted (page 4 should be used as a copy for medical institution and for explanation of results during cytological diagnosis)

Screening for cervical cancer conducted by Minato City Consultation form and report of results

Name of medical institution:

TEL/FAX:

Address of medical institution:

Date of consultation (Month/Day/Year):

Name of doctor:

_____ / _____ / _____

※The patient must fill in the columns within the thick frame			
Name			Date of birth (Month/Day/Year) ____ / ____ / ____ (Age: ____)
			TEL: _____
Previous history: Irregular bleeding: No / Yes (not subject to screening) Pregnancy/childbirth: Pregnancy _____ times, Childbirth _____ times, last childbirth (age: ____) Menstrual cycle: Regular / irregular, ____-day type, volume of menstrual flow (large/regular/small) Last menstruation: ____ days from ____ / ____ (Month/Day) Menopause: At ____ years of age Use of hormone: No / Yes ※Examinee of HPV (human papillomavirus) test: <input type="checkbox"/> Please tick here if you do not want to go through this test			

● Result of screening for cervical cancer

Result of screening for cervical cancer (Please circle or tick <input checked="" type="checkbox"/> the applicable answers)			
Cytotechnology examination	1. No abnormality found	2. Abnormality found	
	HPV test	1. Not conducted	
Judgment of screening for cervical cancer and instructions	① No abnormality found: We recommend you to go through an examination on a regular basis		
	② Abnormality found <input type="checkbox"/> You need to go through a HPV test immediately 【Only cytotechnology is conducted: ASC-US】 (If the HPV test result is negative, you need to go through a cytotechnology examination in one year) <input type="checkbox"/> You need to go through cytotechnology examination in 6 months and in one year 【Only cytotechnology is conducted: ASC-US】 <input type="checkbox"/> You need to go through cytotechnology examination in 1 year 【Cytotechnology: : Positive to NILM and HPV】 <input type="checkbox"/> You need to go through colposcopic examination/cytotechnology examination immediately 【Cytotechnology: Higher than LSIL or Cytotechnology: ASC-US and HPV positive】 【Cytotechnology: Only ASC-US is acceptable】		
Other observations	<input type="checkbox"/> No special note <input type="checkbox"/> Others (_____)		

Result of screening for cervical cancer

○ Person who is found to have “no abnormality”

We recommend you to go through a screening test on a regular basis for early detection. It should be noted that this is a result of the screening for cervical cancer. Another detailed examination is required such as screening for endometrial cancer and ultrasonic examination in order to find out the existence of other diseases (endometrial cancer, uterine fibroid, ovarian tumor, etc.).

Regardless of this result, if you feel unwell or find any physical abnormality, you must see a doctor as early as possible.

○ Person who is found to “have any abnormality”

Please go through an examination in accordance with the section of “Judgment/Instructions” above.

○ Person who receives any comment in the column of “Other Observations”

Please follow instructions given by the doctor.

(For examinee)

Cytotechnology number _____

Reference number _____