

**LABORATORY - PELVIC EXAM STUDIES
COLPOSCOPY RESULTS**

FORM L14

ID LABEL HERE --->

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VISIT #: _____ FORM COMPLETED BY: _____

VERSION DATE: **08/15/94**

ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.

A1. DATE OF PROCEDURE:

___ / ___ / ___
M D Y

A2. TYPE OF COLPOSCOPY PERFORMED:

	<u>YES</u>	<u>NO</u>
a. Cervical	1	2
b. Vaginal	1	2
c. Vulvar	1	2
d. Perianal	1	2

A3. WAS CERVIX PRESENT?

YES.....1
NO2 (SKIP TO A9)

COLPOSCOPY RESULTS:

A4. EXAM ADEQUACY:

SATISFACTORY 1
ENDOCERVICAL SPECULUM USED TO
VISUALIZE SQUAMOCOLUMNAR JUNCTION... 2
TRANSFORMATION
ZONE NOT VISUALIZED 3

WIHS ID #

A5. GENERAL CATEGORIZATION:

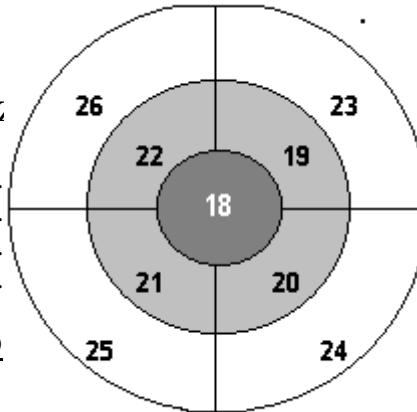
WITHIN NORMAL LIMITS..... 1 (A7)
 ABNORMAL FINDINGS..... 2

A6. ATYPICAL TRANSFORMATION ZONE

	<u>FOUND</u>	<u>NOT FOUND</u>
a. Keratosis	1	2
b. Aceto-White Epithelium	1	2
c. Punctation	1	2
d. Mosaicism	1	2
e. Atypical Vessels	1	

A7. WHAT PERCENT (%) OF TRANSFORMATION ZONE

< 25%
 25% - < 50% ...
 50% - < 75% ...
 75% - 100%



	<u>YES</u>	<u>NO</u>
A8. What quadrants are abnormal?		
19 Inner upper left quadrant.....	1	2
20 Inner lower left quadrant.....	1	2
21 Inner lower right quadrant	1	2
22 Inner upper right quadrant	1	2
23 Outer upper left quadrant	1	2
24 Outer lower left quadrant	1	2
25 Outer lower right quadrant	1	2
26 Outer upper right quadrant	1	2

WIHS ID #

	<u>OTHER FINDINGS</u>	<u>FOUND</u>	<u>NOT FOUND</u>	<u>LOCATION IF FOUND</u>	<u>YES</u>	<u>NO</u>
A9.	Inflammation	1	2 (A10)	a. Vaginal b. Cervical c. Vulvar d. Perianal	1 1 1 1	2 2 2 2
A10.	Papilloma	1	2 (A11)	a. Vaginal b. Cervical c. Vulvar d. Perianal	1 1 1 1	2 2 2 2
A11.	Other (SPECIFY): a. _____ _____	1	2 (A12)	a. Vaginal b. Cervical c. Vulvar d. Perianal e. Anal	1 1 1 1 1	2 2 2 2 2
A12.	Other (SPECIFY): a. _____ _____	1	2 (A13)	a. Vaginal b. Cervical c. Vulvar d. Perianal e. Anal	1 1 1 1 1	2 2 2 2 2

A13. WAS PAP SMEAR PERFORMED WITH THIS COLPOSCOPY?

YES.....1
NO2

WIHS ID #

A14. CERVICAL BIOPSY TAKEN?

YES.....1
 NO2 **(SKIP TO A15)**
 DELAYED3 **(SKIP TO A15)**
 REFUSED..... <-7> **(SKIP TO A15)**

		<u>YES</u>	<u>NO</u>
a.	Endocervical Curettage	1	2
b.	Cervical Cone Biopsy.....	1	2(c)

(CIRCLE TYPE)

Loop 1
 Laser 2
 Cold Knife 3

c.	Loop Excision of Transformation Zone (LLETZ, LETZ, LEEP).....	1	2
d.	Colposcopically Directed Punch Biopsy.....	1	2 (e)

i) Number of punch biopsies taken: |_|_|

ii) Location(s) taken:

(round to nearest o'clock)

a. |_|_| o'clock

b. |_|_| o'clock

c. |_|_| o'clock

d. |_|_| o'clock

e.	Cervical Excisional Biopsy (other than punch biopsy).....	1	2 (A14)
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i) Location taken: |_|_| o'clock to |_|_| o'clock

A15. Overall impression of Cervix (**Circle the highest grade lesion**).

NORMAL1
 ABNORMAL, BUT NO SIL2
 LOW GRADE.....3
 HIGH GRADE4
 INVASIVE5

WIHS ID #

A16. OTHER NON-CERVICAL BIOPSIES TAKEN?

YES.....1
 NO2 **(SKIP TO A22)**
 DELAYED3 **(SKIP TO A22)**
 REFUSED..... <-7> **(SKIP TO A22)**

<u>TYPE BIOPSIES TAKEN</u>	<u>YES</u>	<u>NO</u>	<u>ENTER UP TO 2 LOCATION CODES FOR EACH TYPE</u>
A17. Vaginal	1	2 (A18)	a) _ _ b) _ _
A18. Vulvar	1	2 (A19)	a) _ _ b) _ _
A19. Perianal	1	2 (A20)	a) _ _ b) _ _
A20. Endometrial	1	2 (A21)	a) _ _ b) _ _
A21. Anal	1	2 (A22)	b) _ _ c) _ _

LOCATION CODES ARE LOCATED ON PAGE 6

WIHS ID #

LOCATION CODES

- | | |
|------------------------|----------------------|
| 1. Labia Majus (left) | 27. Anus upper left |
| 2. Labia Majus (right) | 28. Anus lower left |
| 3. Labia Minus (left) | 29. Anus lower right |
| 4. Labia Minus (right) | 30. Anus upper right |
| 5. Introitus (left) | 31. Internal Anus |
| 6. Introitus (right) | |
| 7. Perineum (left) | |
| 8. Perineum (right) | |
| 9. Inguinal (left) | |
| 10. Inguinal (right) | |
| 11. Thigh (left) | |
| 12. Thigh (right) | |
| 13. Clitoris | |
| 14. Urethra | |
| 15. Pubis | |

LOCATION CODES

1. Anterior vaginal wall, proximal third.
2. Anterior vaginal wall, medial third
3. Anterior vaginal wall, distal third
4. Left lateral vaginal wall, proximal third
5. Left lateral vaginal wall, medial third
6. Left Lateral vaginal wall, distal third
7. Posterior vaginal wall, proximal third
8. Posterior vaginal wall, medial third
9. Posterior vaginal wall, distal third
10. Right lateral vaginal wall, proximal third
11. Right lateral vaginal wall, medial third
12. Right lateral vaginal wall, distal third

WIHS ID #

A22. OVERALL IMPRESSION:
(CIRCLE THE HIGHEST NON-CERVICAL GRADE LESION)

- NORMAL 1(A24)
- ABNORMAL, BUT NO SIL 2
- LOW GRADE 3
- HIGH GRADE 4
- INVASIVE 5

A23. LOCATION OF THE HIGHEST GRADE NON-CERVICAL LESION:

	<u>YES</u>	<u>NO</u>
a) Vagina.....	1	2
b) Vulva	1	2
c) Perianal.....	1	2
d) Anal	1	2

WIHS ID #

A24. CIRCLE THE NUMBERS FOR THE LESION LOCATIONS:

LOCATION CODES

- | | |
|------------------------|----------------------|
| 1. Labia Majus (left) | 27. Anus upper left |
| 2. Labia Majus (right) | 28. Anus lower left |
| 3. Labia Minus (left) | 29. Anus lower right |
| 4. Labia Minus (right) | 30. Anus upper right |
| 5. Introitus (left) | 31. Internal Anus |
| 6. Introitus (right) | |
| 7. Perineum (left) | |
| 8. Perineum (right) | |
| 9. Inguinal (left) | |
| 10. Inguinal (right) | |
| 11. Thigh (left) | |
| 12. Thigh (right) | |
| 13. Clitoris | |
| 14. Urethra | |
| 15. Pubis | |

A25. CIRCLE THE NUMBERS FOR LESION LOCATIONS:

LOCATION CODES

1. Anterior vaginal wall, proximal third.
2. Anterior vaginal wall, medial third
3. Anterior vaginal wall, distal third
4. Left lateral vaginal wall, proximal third
5. Left lateral vaginal wall, medial third
6. Left Lateral vaginal wall, distal third
7. Posterior vaginal wall, proximal third
8. Posterior vaginal wall, medial third
9. Posterior vaginal wall, distal third
10. Right lateral vaginal wall, proximal third
11. Right lateral vaginal wall, medial third
12. Right lateral vaginal wall, distal third

WIHS ID #

A26. DID YOU KNOW THE HIV STATUS AT THE TIME OF THIS EXAM?

YES.....1
NO2

A27. WAS FOLLOW-UP VISIT SCHEDULED FOR BIOPSY?

YES.....1
NO2

a) SPECIFY WHERE SCHEDULED:

(M.D. OR INSTITUTION)

(ADDRESS)