Te Whatu Ora
Health New Zealand

Colposcopy manual form

Recorded by regional Te Whatu Ora colposcopy/oncology service or non-Te Whatu Ora colposcopy private specialist service.

Colposcopy clinic name:		HPI Facility ID:		☐ Te Whatu Ora Hospital site ☐ Non-Te Whatu Ora site (Private)
Colposcopist		HPI CPN number		
Date referral received				
Date referral accepted				
Appointment date				

Participants details.

NHI:		Date of birth:		Ethnicity:	
Last name:		First name(s):			
Residential address:					

Referred by

Name:		Health practitioner HPI CPN:	☐ GP ..... ☐ Nurse ..... ☐ Other .....
HPI Facility ID and facility name:			
Method of referral:	**Letter** ☐ Yes ☐ No	**Phone** ☐ Yes ☐ No	**Other (e- referral)** ☐ Yes ☐ No

Type of referral

First assessment (new case)	☐ Yes	☐ No		
Subsequent assessment (follow-ups)	☐ 1st	☐ 2nd	☐ 3rd	☐ 4th

Note: If a participant is referred from another District or specialist for follow-up or treatment, this should be noted as a subsequent assessment (follow-up).

Assessment of the reason for referral

1.	☐ ☐	A. Clinical suspicion of invasion B. Any cytological glandular abnormality
2.		Positive/detected high risk HPV test results
	☐	A. HPV16/18 with or without cytology
	☐	B. HPV other with HSIL cytology
	☐	C. HPV where the participant is immune compromised
	☐	D. HPV other with LSIL on two occasions if over 50 and 3 occasions if under 50
3.		Clinical reasons only (e.g. abnormal cervical appearance)
	☐	A. A low-grade clinical assessment
	☐	B. High grade clinical assessment
	☐	C. Suspicious of invasive cancer clinical assessment
	☐	D. Other clinical assessment
4.		**Optional comments about referral:**

Colposcopy visit details.

Date of visit				
Admission type	☐ Outpatient	☐ Day patient	☐ Inpatient	
First assessment (new case)	☐ Yes	☐ No		
Subsequent assessment (follow-ups)	☐ 1st	☐ 2nd	☐ 3rd	☐ 4th
Pregnant	☐ Yes	☐ No		
Colposcopy performed	☐ Yes	☐ No		
Colposcopy site	☐ Cervical ☐ Vaginal ☐ Both cervical and vaginal ☐ Other			
Review / results discussed	☐ Yes	☐ No		
Arranged treatment	☐ Yes	☐ No		

Colposcopy findings

Squamocolumnar junction visible	☐ Completely	☐ Partially	☐ Not visible	☐ N/A
Transformation Zone Type	☐ 1	☐ 2	☐ 3	
Lesion present	☐ Yes	☐ No	☐ Inconclusive	
Number of quadrants involved	☐ 1	☐ 2	☐ 3	☐ 4
Normal findings noted	☐ Yes	☐ No		
Abnormal visible lesion	☐ Yes	☐ No		
Limits of lesion visible	☐ Yes	☐ No		
Predicted grade(s) of abnormality				
Low-grade squamous	☐ Yes	☐ No		
High-grade squamous	☐ Yes	☐ No		
Glandular (AIS)	☐ Yes	☐ No		
Micro-invasive cancer	☐ Yes	☐ No		
Invasive cancer (squamous/glandular)	☐ Yes	☐ No		

Actions taken during visit

Cervical/Vaginal Sample:	Cytology	☐ Yes ☐ No	HPV test	☐ Yes ☐ No
Biopsy:	☐ Yes	☐ No		
Site of biopsy (biopsies) taken:				
If no biopsy taken, give reasons:				
Treatment this visit	☐ Yes	☐ No		
Type of treatment				
Wire loop excisional procedure	☐ Yes	☐ No		
Laser ablation	☐ Yes	☐ No		
Ablation by other means other than laser	☐ Yes	☐ No		
Cold knife cone	☐ Yes	☐ No		
Diathermy cone	☐ Yes	☐ No		
Laser cone	☐ Yes	☐ No		
Hysterectomy	☐ Yes	☐ No	☐ Total	☐ Subtotal

Other (describe)	
Diagram/photo of lesion	☐ Yes ☐ No
Local or general anaesthesia use	☐ Local ☐ General ☐ N/A
Reason for GA	
Follow-up management recommended	☐ Yes ☐ No
Next visit recommended in	months

Data received from colposcopy visit.

Date histology specimen report received by colposcopy service	
Decision to treat date	
Date participant informed	
Histological specimen taken satisfactory for interpretation	☐ Yes ☐ No
Biopsy result	☐ Negative ☐ CIN1/HPV ☐ CIN2 ☐ CIN2/3 ☐ CIN3 ☐ AIS ☐ Adenocarcinoma ☐ Squamous carcinoma ☐ Adenosquamous carcinoma ☐ Other

Did not attend.

Scheduled visit date		
For		
1st assessment	☐ Yes	☐ No
Treatment	☐ Yes	☐ No
Follow-up after treatment/other	☐ Yes	☐ No
Reason for DNA (if known)		
Rescheduled appointment date		

Support to screening provider referral	☐ Yes ☐ No

Discharged from colposcopy.

To screen taker Name of health worker and HPI CPN Health facility HPI	☐ Yes ☐ No	**Date of discharge**	☐ Recall 1 month ☐ First TOC ☐ Second TOC ☐ HPV+/- Cyto 12 months ☐ HPV 3 years ☐ HPV 5 years ☐ Cease screening
To oncology Name of health worker and HPI CPN Health facility HPI	☐ Yes ☐ No	**Date of discharge**	
Other Specify service Name of health worker and HPI CPN Health facility HPI	☐ Yes ☐ No	**Date of discharge**	

Please return this completed form to the NCSP-Register central team (Whakarongorau) by using one of the following:

1. **Email:** info@ncspregister.health.nz
2. **Postal (not for courier):**
   Whakarongorau Aotearoa
   NCSP-NCC CX team
   PO Box 5895
   Wellington 6140

3. **Physical:**
   Whakarongorau Aotearoa
   NSP-NCC CX team
   Level 5, 36 Customhouse Quay
   Wellington

NCSP Policies and Standards

Section 6: Providing a Colposcopy Service

Appendix 2 - Section 112M of Part 4A of the Health Act 1956

112M Duty of persons performing colposcopic procedures

(1) Every person who performs a colposcopic procedure on a participant must—

(a) explain the procedure to the participant; and

(b) provide information, to the extent that is reasonable in the circumstances, about the objectives of the NCSP and the NCSP register, the importance of having regular screening tests, who has access to information on the NCSP register, and the uses to which that information may be put; and

(c) if he or she believes that the participant is not enrolled in the NCSP, advise that they will be enrolled but that they may prevent or cancel that enrolment by notifying the NCSP manager under section 112G; and

(d) cause a report in relation to that colposcopic procedure to be forwarded to the NCSP manager.

(2) A report under subsection (1)(d) must—

(a) be provided free of charge; and contain the information requested.