

ABCD/Boston Family Planning
Abnormal Pap and STD reporting form

Reporting periods:

January 1-June 30

July 1- December 31

Due:

July 30

February 1

Delivery site _____

Reporting period _____

Person preparing report _____

Date _____

Abnormal pap defined as:

Squamous cell abnormalities: ASC, LSIL, HSIL,
 squamous cell carcinoma

Glandular cell abnormalities: AGC, adenocarcinoma,
 endometrial cells in client \geq 40 years old

| | |
|--|--|
| Total number of paps performed in reporting period | |
| Total number of abnormal paps with results including: all squamous and glandular cell abnormalities as listed above | |
| Total number of abnormal paps with results ONLY: HSIL, squamous cell carcinoma, AGC, adenocarcinoma, endometrial cells in client \geq 40 | |
| Total number of abnormal paps above referred for colposcopy | |

Please check one:

Data is for family planning clients only _____

Data includes all health center clients _____

| | HIV | Chlamydia* | GC* | Syphilis |
|---|-----|------------|-----|----------|
| Total number of tests performed during reporting period | | | | |
| Total number of positives | | | | |

* If Chlamydia and GC are performed by the same test, please be sure to report positives based on which STD was positive: chlamydia, GC or both.

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