

### 3 Month Post Program See Test & Treat Outcomes Form

To ensure that CAP Foundation staff is kept up to date on the outcomes of any patients that require additional diagnostics or treatment, all grantees are requested to report 3 month post program outcomes data using the form below.


#### **Contact Information of Individual Completing this Report**

Contact Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone Number \_\_\_\_\_

#### **See, Test & Treat Institution Information**

Institution Name \_\_\_\_\_  
Program Date \_\_\_\_\_

#### **Summary of Cervical Screening Follow Up Services Provided and Outcomes**

 Total # Patients Connected to Follow Up Care (colposcopies, biopsies, etc) for abnormal cervical cytology results within 3 months of program

\_\_\_\_\_


#### **Cervical Biopsy summary**

# Biopsies performed \_\_\_\_\_  
# Negative/Normal \_\_\_\_\_

 **Summary of abnormal cervical biopsy findings. Please also indicate # connected to any treatment (LEEP, hysterectomy, chemo, surgery, etc.):**

	# Connected to Treatment	# Not Yet Connected to Treatment
LSIL, CIN1	_____	_____
HSIL, CIN2	_____	_____
HSIL, CIN 3	_____	_____
Cancer	_____	_____


#### **Summary of Breast Screening Follow Up Services Provided and Outcomes**

 Total # Patients Successfully connected to Follow Up Care (Diagnostic mammograms, ultrasounds, biopsies or FNAs) for abnormal breast cancer screening results

\_\_\_\_\_

#### **Summary of Breast Diagnoses:**


	# Connected to Treatment	# Not Yet Connected to Treatment
DCIS	_____	_____
LCIS	_____	_____
ADH	_____	_____
Atypical Hyperplasia	_____	_____

 Were any other significant diagnoses (STIs, etc) made in See, Test & Treat patients? If so, please describe.

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 Patient Story # 1: Please provide a narrative for any patients that were diagnosed with precancerous lesions or cancer and connected to care.

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 Patient Story # 2: Please provide a narrative for any patients that were diagnosed with precancerous lesions or cancer and connected to care.

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 **Successes and Challenges In Follow Up - 3 months post program**

Describe any **successes** experienced by your institution in the provision of screenings, diagnostics, treatment, or follow up care for your See, Test & Treat patients. Include any recommendations do you have for other programs based on these successes.

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 Describe any **challenges** experienced by your institution in the provision of screenings, diagnostics, treatment or follow up care, for your See, Test & Treat patients. Include how you addressed these challenges along with any recommendations you have for other programs.

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 Thank you for your submission! Your next report will be due at 6 months after your program and will give you the opportunity to update the Foundation on the outcomes of patients needing additional follow up.