



**WATERLOO WELLINGTON HIGH-GRADE  
COLPOSCOPY CENTRAL REFERRAL PROGRAM (KW only)**

**\*\*\*This referral pathway is for high-grade cytology results ONLY\*\*\***

Please refer all other colposcopy results (see guidelines below) to an individual colposcopist's office.

**Please complete ALL of the following information and send it to SCOPE Nurse Navigator.** We will contact your office with the appointment after completing all required information. If you have not received notification of an appointment in 14 days, please contact us to confirm receipt.

<b>Patient Demographics:</b>	<b>Referring Physician:</b>
Name: Click or tap here to enter text. DOB: Click or tap here to enter text. HCN #: Click or tap here to enter text. Address: Click or tap here to enter text. Phone: Click or tap here to enter text. Email: Click or tap here to enter text.	Name: Click or tap here to enter text. Address: Click or tap here to enter text. Phone: Click or tap here to enter text. Fax: Click or tap here to enter text. CPSO #: Click or tap here to enter text. Billing #: Click or tap here to enter text.

<b>Referral Information (Select one):</b>	<b>Cervical screening results accepted by this program:</b>
<input type="checkbox"/> Refer to the next available colposcopist (shortest wait time) <input type="checkbox"/> Refer to the specific colposcopist (longer wait time) Select Physician Choose an item.	<input type="checkbox"/> ASC-H <input type="checkbox"/> HSIL <input type="checkbox"/> AGC <input type="checkbox"/> AIS <input type="checkbox"/> Malignancy

<b>Required Results/Documents:</b>
Please provide most recent: <input type="checkbox"/> Pap smear(s) <input type="checkbox"/> Biopsy/swab/other lab results

<b>Notes/Comments:</b>
Click or tap here to enter text.

<b>Refer all other abnormal cervical screening test results to colposcopy. Please refer to an individual colposcopist's office. You do not need a referral form.</b>
<b>Screening with cytology:</b>
<ul style="list-style-type: none"> <li>A low-grade cytology result (ASCUS or LSIL) followed by another low-grade cytology result (ASCUS or LSIL) at the 12 month repeat cytology test</li> <li>A low-grade cytology result (ASCUS or LSIL) followed by a normal cytology result (NILM) at the 12 month repeat cytology test, and then followed by a low-grade cytology result (ASCUS or LSIL) at the second 12 month repeat cytology test</li> </ul>
<b>Screening with HPV testing<sup>1</sup>, if available:</b>
<ul style="list-style-type: none"> <li>A low grade-grade cytology result (ASCUS or LSIL) and HPV-positive (type 16/18)<sup>2</sup></li> <li>A low grade cytology result (ASCUS or LSIL) at repeat cytology test and HPV-positive (regardless of subtype)</li> </ul>

For more information, please visit: [Waterloo Wellington High-Grade Colposcopy Central Referral Program \(KW only\) | Waterloo Wellington Regional Cancer Program \(grhosp.on.ca\)](https://www.grhosp.on.ca/waterloo-wellington-high-grade-colposcopy-central-referral-program-kw-only)

<sup>1</sup> HPV testing is not currently funded by the Ministry of Health. Cytology remains the current recommended cervical screening test in Ontario.

<sup>2</sup> People who are HPV-positive (other) should repeat their cytology in 12 months; people who are HPV-negative should return to routine screening with cytology in 3 years.

AGC: atypical glandular cells; AIS: adenocarcinoma in-situ; ASC-H: atypical squamous cells, cannot exclude high-grade; ASCUS: abnormal atypical squamous cells of undetermined significance; HPV: human papillomavirus; HSIL: high-grade squamous intraepithelial lesion; LSIL: low-grade squamous intraepithelial lesion