BREAST AND CERVICAL CANCER SCREENING PROGRAM
PAP SMEAR ACTIVITY LOG

DATE OF ENTRY (M/D/Y)	PATIENT'S NAME (LAST/FIRST/MI)	DATE OF BIRTH (M/D/Y)	DATE OF PAP (M/D/Y)	SATISFACTORY SAMPLE (Y OR N)	PAP RESULTS (BETHESDA)	DATE RESULTS RECEIVED BY PROVIDER (M/D/Y)	DATE RESULTS REPORTED TO PATIENT (M/D/Y)	IF PAP ABNORMAL APPROPRIATE FOLLOW-UP INITIATED? (Y OR N)	IF CANCER DATE TX INITIATED	COMMENTS