# **Declined Referral Form**

Notice: Colposcopy not required

Colposcopist’s name:

Contact information:

Patient information:

Date:

This referral has been declined. The patient's screening test results at referral indicate no need for colposcopy because they are **not** at elevated risk of having or developing cervical pre-cancer (HSIL or AIS histology) and cancer.

The following cervical screening test results meet the elevated risk criteria for referral to colposcopy based on the Ontario Cervical Screening Program recommendations:

* HPV-positive (types 16, 18/45) with any reflex cytology result
* HPV-positive (other high-risk types) with any high-grade reflex cytology result (ASC-H, LSIL-H, HSIL, AGC-N, AGC-NOS, AEC-N, AEC-NOS, AIS, SCC, ACC, ACC-E or PDC)
* HPV-positive (other high-risk types) with a normal (NILM) or low-grade (ASCUS or LSIL) reflex cytology result followed by HPV-positive result (regardless of HPV type or reflex cytology) at the two-year repeat screening test

Please send a new referral if there is additional information about the patient that may change their need for colposcopy (such as information about visible cervical abnormalities, abnormal symptoms or additional test results). The new referral will be re-evaluated once received.

For more information on the Ontario Cervical Screening Program’s screening recommendations, visit [ontariohealth.ca/OCSP-recommendations](https://ontariohealth.ca/OCSP-recommendations).

[Physician Name], MD, Colposcopist

Additional notes: