### Oral Cancer Screening Form

#### Patient Information

**MARKING INSTRUCTIONS**
- Use a No. 2 pencil only.
- Make solid marks that fill the response completely.
- Make no stray marks on this form.

**CORRECT:  ●  INCORRECT:  X  ○**

<table>
<thead>
<tr>
<th>ZIP CODE</th>
<th>TODAY'S DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>30101</td>
<td></td>
</tr>
</tbody>
</table>

### Year of Birth

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

### Sex

- Male
- Female

### Race

- White
- Black
- Hispanic
- American Indian
- Asian
- Other

### Ethnicity

- White
- Black
- Hispanic
- American Indian
- Asian
- Other

### Education

- Elementary
- High School
- College
- Graduate

### How did you hear about the screening?

- Newspaper/magazine
- Flyer/brochure
- Television
- Radio
- Billboard
- Other

### Why did you come to the screening?

- I am not aware of any problem in my mouth, I just wanted to get checked for oral cancer.
- There is something in my mouth which concerns me, and I would like to have it checked.
- Other

### Contributing Habits

1. Do you think that smoking cigarettes, pipes or cigars can cause oral cancer?
   - Yes
   - No

2. Are you currently a smoker?
   - Yes
   - No

3. If you are currently a smoker, are you interested in quitting?
   - Yes
   - No

4. Do you use or have you ever used:
   - Cigars
   - Marijuana
   - Snuff
   - Smokes/misc tobacco

5. Do you think that drinking alcoholic beverages can cause oral cancer?
   - Yes
   - No

6. Do you currently drink alcoholic beverages?
   - Yes (Go to question 7)
   - No, but I am a former drinker (Go to question 4)
   - No, I have never consumed alcoholic beverages (Go to question 8)

7. If you are a current or former drinker, has your alcohol intake ever been greater than 4 drinks a day? (a drink = a shot or 1/2 ounce of liquor, one mixed drink, one glass of wine or one can of beer)
   - Yes
   - No

8. Do you think that your diet can contribute to the development of oral cancer?
   - Yes
   - No

9. Does your diet include each of these foods every day?
   - Fruits or fruit juices
   - Green vegetables other than lettuce
   - Other

10. Do you supplement your diet with vitamins?
    - Yes
    - No

---

*Printed in U.S.A.*
**MARKING INSTRUCTIONS**

- Use a No. 2 pencil only.
- Make solid marks that fill the response completely.
- Make no stray marks on this form.

**CORRECT:** [ ]  **INCORRECT:** [ ] [X] [ ]
Site-Specific HIPAA considerations?
How did you hear about the screening?

- newspaper/magazine
- television
- radio
- flyer/brochure
- billboard
- Other

Why did you come to the screening?

- I am not aware of any problem in my mouth, I just wanted to get checked for oral cancer.
- There is something in my mouth which concerns me, and I would like to have it checked.
- Other
CONTRIBUTING HABITS

1. Do you think that smoking cigarettes, pipes or cigars can cause oral cancer?
   - Y -
   - N

2. Are you currently a smoker?
   - YES (Go to question 3)
   - NO, BUT I AM A FORMER SMOKER (Go to question 4)
   - NO, I HAVE NEVER SMOKED (Go to question 4)

3. If you are currently a smoker, are you interested in quitting?
   - Y -
   - N

4. Do you use or have you ever used:
   - guthka
   - pan masala
   - snuff
   - smokeless tobacco

5. Do you think that drinking alcoholic beverages can cause oral cancer?
   - Y -
   - N
CONTRIBUTING HABITS

6. Do you currently drink alcoholic beverages?
   ○ YES  (Go to question 7)
   ○ NO, BUT I AM A FORMER DRINKER (Go to question 7)
   ○ NO, I NEVER CONSUMED ALCOHOLIC BEVERAGES (Go to question 8)

7. If you are a current or former drinker, has your alcohol intake ever been greater than 4 drinks a day?  (a drink = a shot or liquor, one mixed drink, one glass of wine or one can of beer)
   Y  N

8. Do you think that your diet can contribute to the development of oral cancer?
   Y  N

9. Does your diet include each of these foods every day?
   Y  N  fruit or fruit juices
   Y  N  green vegetable other than lettuce

10. Do you supplement your diet with vitamins?
    Y  N
ORAL SOFT TISSUE EXAMINATION

CLINICAL FEATURES
1. SIZE (diameter/length in mm. For multiple lesions choose largest lesion AND check "multiple")
   - <5
   - 5-10
   - 11-15
   - 16-20
   - >20
   - Unknown
2. SURFACE
   - Flat
   - Raised
   - Ulcerated
   - Other
3. COLOR
   - Normal
   - Mixed red/white
   - Red
   - White
   - Other
4. DURATION
   - Unknown
   - <2 weeks
   - 2-4 weeks
   - 1 month
   - >1 month
5. Other features: (check if YES)
   - Induration
   - Bleeds easily
   - Pain
   - Swelling
   - Exterior
   - Hardness
   - Hesitancy
   - Other
6. Were you aware of the lesion(s) in your mouth?
7. Are you experiencing any of the following symptoms in your mouth, throat, head or neck?: (check if YES)
   - Pain
   - Swelling
   - Bleeding
   - Hardness
   - Induration
8. List other non-suspicious epithelial or submucosal lesions:

ORAL CANCER EXAM HISTORY: To be completed after examination

When of the following test describes your experience with oral cancer examinations:

- Have you seen a dentist during the last twelve months?
- Have you seen a physician during the last twelve months?

ADDITIONAL PLANS

- BRUSH BIOPSY PERFORMED?
- PATIENT ADVISED TO RETURN FOR FURTHER EVALUATION OF LESION(S)
- SCALPEL BIOPSY RECOMMENDED.
Only use the oral grid below to record epithelial lesions with red, white, mixed red/white changes or ulcerations which have no apparent explanation or etiology and therefore may represent oral premalignant or malignant lesions.
CLINICAL FEATURES

1. SIZE (diameter/length in mm. For multiple lesions choose largest lesion AND check "multiple")
   - <5
   - 5-10
   - 11-15
   - 16-20
   - >20
   - Multiple

2. SURFACE
   - Flat
   - Raised
   - Ulcerated
   - Other

3. COLOR
   - Normal
   - Mixed red/white
   - Red
   - White
   - Other

4. DURATION
   - Unknown
   - <2weeks
   - 2-4weeks
   - 1-3months
   - >3months

5. Other features: (check if YES)
   - induration
   - bleeds-easily
   - painful to palpitation
   - lymphadenopathy

6. Were you aware of the lesion(s) in your mouth?  Y  N

7. Are you experiencing any of the following symptoms in your mouth, throat, head or neck?: (check if YES)
   - pain
   - numbness
   - hoarseness
   - bleeding
   - swelling

8. List other non-suspicious epithelial or submucosal lesions:
ORAL CANCER EXAM HISTORY: To be completed after examination

Which of the following best describes your experience with oral cancer examinations:

Have you seen a dentist during the last twelve months?
If yes, did the dentist perform an oral cancer examination like the one you are having done today?

Have you seen a physician during the last twelve months?
If yes, did the physician perform an oral cancer examination like the one you are having done today?
ADDITIONAL PLANS

BRUSH BIOPSY PERFORMED?  Y  N

PATIENT ADVISED TO RETURN FOR
FURTHER EVALUATION OF LESION(S)  Y  N
SCALPEL BIOPSY RECOMMENDED.  Y  N
Mock Patient
YEAR OF BIRTH: 1960

SEX: Male

ETHNICITY: Hispanic

RACE: White

EDUCATION: Graduate
How did you hear about the screening?

- newspaper/magazine
- television
- radio
- flyer/brochure
- billboard
- Other

Why did you come to the screening?

- I am not aware of any problem in my mouth, I just wanted to get checked for oral cancer.
- There is something in my mouth which concerns me, and I would like to have it checked.
- Other
1. Do you think that smoking cigarettes, pipes or cigars can cause oral cancer?
   - (N)

2. Are you currently a smoker?
   - YES (Go to question 3)
   - NO, BUT I AM A FORMER SMOKER (Go to question 4)
   - NO, I HAVE NEVER SMOKED (Go to question 4)

3. If you are currently a smoker, are you interested in quitting?
   - (N)

4. Do you use or have you ever used:
   - guthka
   - pan masala
   - snuff
   - smokeless tobacco

5. Do you think that drinking alcoholic beverages can cause oral cancer?
   - (Y)
6. Do you currently drink alcoholic beverages?
   - YES (Go to question 7)
   - NO, BUT I AM A FORMER DRINKER (Go to question 7)
   - NO, I NEVER CONSUMED ALCOHOLIC BEVERAGES (Go to question 8)

7. If you are a current or former drinker, has your alcohol intake ever been greater than 4 drinks a day? (a drink = a shot or liquor, one mixed drink, one glass of wine or one can of beer)
   - N

8. Do you think that your diet can contribute to the development of oral cancer?
   - Y

9. Does your diet include each of these foods every day?
   - N fruit or fruit juices
   - Y green vegetable other than lettuce

10. Do you supplement your diet with vitamins?
    - Y
The “5 A’s” of Tobacco Cessation

• ASK about tobacco use
• ADVISE to quit
• ASSESS willingness to make a quit attempt
• ASSIST in quit attempt
• ARRANGE for follow-up
Advise/Assist Patients

• Provide motivational literature &/or send patient to your tobacco cessation resource facility.

• New York State Smokers Quitline: 1-888-609-6292
Promote Nutrition
Diagnosis: Squamous cell carcinoma
ORAL SOFT TISSUE EXAMINATION

- Upper Lip
- Vestibule
- Alveolus
- Hard Palate
- Soft Palate
- Buccal Mucosa
- Dorsal Tongue
- Ventral Tongue
- Floor of Mouth
- Alveolus
- Vestibule
- Lower Lip
CLINICAL FEATURES

1. SIZE (diameter/length in mm. For multiple lesions choose largest lesion AND check "multiple")
   - <5
   - 5-10
   - 11-15
   - 16-20
   - >20
   - Multiple

2. SURFACE
   - Flat
   - Raised
   - Ulcerated
   - Other

3. COLOR
   - Normal
   - Mixed red/white
   - Red
   - White
   - Other

4. DURATION
   - Unknown
   - <2weeks
   - 2-4weeks
   - 1-3months
   - >3months

5. Other features: (check if YES)
   - induration
   - bleeds-easily
   - painful to palpitation
   - lymphadenopathy

6. Were you aware of the lesion(s) in your mouth?
   - Y

7. Are you experiencing any of the following symptoms in your mouth, throat, head or neck?: (check if YES)
   - pain
   - numbness
   - hoarseness
   - bleeding
   - swelling

8. List other non-suspicious epithelial or submucosal lesions: amalgam tattoo
ORAL CANCER EXAM HISTORY

Which of the following best describes your experience with oral cancer examinations:

Have you seen a dentist during the last twelve months?
   If yes, did the dentist perform an oral cancer examination like the one you are having done today?
   0 (N)

Have you seen a physician during the last twelve months?
   If yes, did the physician perform an oral cancer examination like the one you are having done today?
   0 (N)
   1 (Y)
NOTE:

Highly suspicious epithelial lesions warrant scalpel/punch biopsies. If this is not possible on the day, perform a brush biopsy. Any biopsy warrants a follow-up appointment.
<table>
<thead>
<tr>
<th>Known benign entities</th>
<th>Harmless appearing, white or red spots of unknown origin</th>
<th>Highly suspicious lesions</th>
</tr>
</thead>
<tbody>
<tr>
<td>fibromas, mucoceles, linea alba, Fordyce granules, aphthous ulcers, traumatic ulcers, herpes labialis, amalgam tattoos</td>
<td></td>
<td></td>
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</table>

**Presentation**

<table>
<thead>
<tr>
<th>Action</th>
<th>Observe or treat</th>
<th>Brush biopsy</th>
<th>Scalpel biopsy</th>
</tr>
</thead>
</table>

**Action**

<table>
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<tr>
<th>Observe or treat</th>
<th>Brush biopsy</th>
<th>Scalpel biopsy</th>
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</thead>
</table>

BRUSH BIOPSY
Complete Transepithelial Tissue Sample

OralCDx Brush Biopsy Instrument

Superficial
Intermediate
Basal

SPECIMEN
Oral Brush Biopsy For Computer Assisted Analysis Test Requisition Form

PLEASE PRINT

Name of Submitting Doctor
(Phone. ) Fax:

Patient Information and Consent

Patient Name: (Last, First, Middle) Social Security Number: Date of Birth: Sex: □ Male □ Female
Phone: Street Address: City, State, Zip:

I authorize the release of any medical or other information necessary to process a claim with my health insurer, and I also authorize release of test results to any specialist selected by the submitting dentist or physician. I authorize payment of any government or other insurance benefits for laboratory analysis to the laboratory. For those who are not a Medicare or Medicaid beneficiary: I accept responsibility for the payment of the laboratory fee if this service is not covered by my health benefits plan.

Patient Signature:

Laboratory Billing Information

Submit Copies of Medical and Dental Insurance Cards, OR Complete One of the Following

□ Medicare / Number □ Medicaid / Number □ Doctor’s U-PIN#

□ Medical Insurance ID #: □ Medical Insurance Group #: Authorization #: Patient’s Relationship to Insured: □ self □ spouse □ child □ other

Responsible Party (Last, First, Middle) Date of Birth: Medical Insurance Company:

Responsible Party (Last, First, Middle) Date of Birth: Dental Insurance Group :

Dental Insurance ID #: Dental Insurance Company:

Responsible Party (Last, First, Middle) Date of Birth: Patient’s Relationship to Insured: □ self □ spouse □ child □ other

Dental Insurance Company:

Responsible Party (Last, First, Middle) Date of Birth: Dental Insurance Group :

Dental Insurance Company:

Dentist Address: City, State, Zip:

Check included (Checks should be made to the order of CDx™ LABORATORIES) Amount to be Billed: $65.00

Credit Card: □ AMEX □ Visa □ MC □ Discover Credit Card #: Name as it Appears on Card:

Cardholder Signature: Expiration Date

Clinical History and Impression of Oral Lesion - Required Data

Date of Brush Biopsy

Color: □ White □ Red □ Mixed

Appearance: □ Flat □ Plaque-Like □ Verrucous

Ultraviolet: □ Ultraviolet □ None

Symptoms: □ None □ Pain □ Bleeding

Duration of Lesion: □ < 5 months □ 6 months to 1 year □ > 1 year

Location: □ Floor of Mouth □ Buccal Mucosa □ Retromolar Trigone □ Hard Palate □ Oropharynx □ Avelar Mucosa □ Ventral Tongue □ Lateral Tongue □ Dorsal Tongue □ Soft Palate □ Attached Gingiva □ Labial Vestibule

Site of Lesion: □ less than 5mm □ 5-10mm □ 10-20mm □ more than 20mm

Previous Pathology Result of Lesion: □ lesion □ not lesion

Current Alcohol Use: □ none □ less than 6 drinks per week □ 6-21 drinks per week □ more than 21 drinks per week

Current Tobacco Use: □ No Use □ Cigarettes □ Cigars □ Pipes □ Chewing Tobacco

# Of Days # Of Years
Write: Oral Cancer Consortium

Oral Brush Biopsy For Computer Assisted Analysis Test Requisition Form

Name of Submitting Doctor: FACULTY (NYU CD)
Phone: (212) 998 9888
Fax: (212) 995 4844

Patient Information and Consent

Patient Name: HUXLEY
Social Security Number: 111-1-1111
Date of Birth: 11/15/60
Sex: Male

Address: 2121111111111 FIRST AVE
City, State, Zip: NY NY 10010

Patient Signature: aldous huxley
If patient has insurance, please include.
If patient has no insurance, write: "indigent patient, no insurance"
### Clinical History and Impression of Oral Lesion - Required Data

**Date of Brush Biopsy:** 11/07/02

<table>
<thead>
<tr>
<th>Color</th>
<th>Appearance</th>
<th>Ulcerated</th>
<th>Symptoms</th>
<th>Duration of Lesion</th>
<th>Location</th>
<th>Location</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ White</td>
<td>□ Flat</td>
<td>□ Yes</td>
<td>□ None</td>
<td>&lt; 6 months</td>
<td>□ Floor of Mouth</td>
<td>□ □</td>
<td>□ □</td>
</tr>
<tr>
<td>□ Red</td>
<td>□ Plaque-Like</td>
<td>□ No</td>
<td>□ Pain</td>
<td>6 months to 1 year</td>
<td>□ Buccal Mucosa</td>
<td>□ □</td>
<td>□ □</td>
</tr>
<tr>
<td><strong>X</strong> Mixed</td>
<td><strong>X</strong> Verrucous</td>
<td>□ Yes</td>
<td>□ Bleeding</td>
<td>&gt; 1 year</td>
<td>□ Retromolar Trigone</td>
<td>□ □</td>
<td>□ □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Size of Lesion</th>
<th>Current Alcohol Use</th>
<th>Current Tobacco Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ less than 5mm</td>
<td>□ less than 8 drinks per week</td>
<td>□ No use</td>
</tr>
<tr>
<td>□ 5-10mm</td>
<td>□ 8-21 drinks per week</td>
<td>□ Cigarettes 40 30</td>
</tr>
<tr>
<td><strong>X</strong> 10-20mm</td>
<td>□ more than 21 drinks per week</td>
<td>□ Cigars</td>
</tr>
</tbody>
</table>

**Previous Pathology Result of Lesion:** none
Follow-up for patients with lesions

- Make appointment for specialty clinic (*specific pathways by site*)
5 Test Lesions
Patient 1

- 35 year old male
- CC: Mouth pain
- HCC: Onset 6 days ago
- E/O: No lymphadenopathy
- Never had oral cancer exam
Patient 2

- 30 year old male
- CC: To check out my lip
- HCC: Onset 3 months ago
- E/O: No lymphadenopathy
- Never had oral cancer exam
Patient 3

- 55 year old female
- CC: Check my white patch
- HCC: First noticed 2 years ago, benign on biopsy, had it removed, it came back, no change since.
- E/O: no lymphadenopathy
- Had an oral cancer exam with DDS
Patient 4

- 40 year old female
- CC: Has white areas inside both cheeks
- HCC: They have been there for as long as she can remember
- E/O: no lymphadenopathy
- Never had an oral cancer exam
Patient 5

- 65 year old male
- CC: Here for screening.
- HCC: Saw ad on ABC News
- E/O: no lymphadenopathy
- Never had an oral cancer exam
Answers to Mock Cases

• #1: Recurrent aphthous ulcer
• #2: HPV lesion
• #3: Leukoplakia, subsequently diagnosed as epithelial hyperkeratosis with no dysplasia.
• #4: Cheek biting
• #5: Erythroleukoplakia (white component is subtle), subsequently diagnosed as severe dysplasia.