



DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF

OTSG/MEDCOM Policy Memo 09-002
14 JAN 2009

MCHO-CL-C

Expires 14 January 2011

MEMORANDUM FOR COMMANDERS, MEDCOM REGIONAL MEDICAL
COMMANDS

SUBJECT: Revised Guidance: Women's Readiness Guidelines

1. References:

- a. American Society for Colposcopy and Cervical Pathology (ASCCP), "2006 Consensus Guidelines for the Management of Women with Abnormal Cervical Screening Tests", *Journal of Lower Genital Tract Disease*, 11(4): 201-222, October 2007, American Society for Colposcopy and Cervical Pathology, <http://www.jlgt.com/pt/re/jlgt/pdfhandler.00128360-200710000-00001.pdf;jsessionid=H2TPGsBycMx1msLhHQtnXCP6Fj6smDVpxiTGhjGpQKynHnNG7PxL!132671813!181195628!8091!-1>.
- b. ASCCP, "Consensus Guidelines Algorithms 2007", 2007, ASCCP, October 2007, http://www.asccp.org/pdfs/consensus/algorithms_cyto_07.pdf.
- c. ACOG Clinical Management Guidelines for Obstetrician-Gynecologists, Number 45, August 2003, Cervical Cytology Screening, *Obstet Gynecol*, 2003 August; 102 (2): 417-27.
- d. Preventive Services Task Force, *Screening for Breast Cancer: Recommendations and Rationale*, February 2002, Agency for Healthcare Research and Quality, Rockville, MD, <http://www.ahrq.gov/clinic/3rduspstf/breastcancer/brcanrr.htm>.
- e. U.S. Preventive Services Task Force, *Screening for Chlamydial Infection*, Topic Page, June 2007, Agency for Healthcare Research and Quality, Rockville, MD, <http://www.ahrq.gov/clinic/uspstf/uspshlm.htm>.
- f. AR 40-501, Standards of Medical Fitness, 2008.
- g. MEDCOM/OTSG Policy 08-031, New Women's Health Readiness Guidelines, 21Jul 2008.

*This policy supersedes OTSG/MEDCOM Policy Memo 08-031, 21 Jul 08, subject as above.

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SUBJECT: Revised Guidance: Women's Readiness Guidelines

2. Purpose: To provide guidance for deployment readiness for women as well as to direct the criteria to be used for evaluation, treatment and follow-up of abnormal cytology.

3. Proponent: The proponent for this implementation guidance is the Clinical Services Division, Health Policy and Services Directorate.

4. Background: A new guideline for evaluation and treatment of abnormal cervical cytology has been released by the American Society for Colposcopy and Cervical Pathology (ASCCP). The new ASCCP guidelines differentiate treatment and follow-up of abnormal cytology between women 20 years of age and younger from those over 20 years of age. MEDCOM will follow these national standards for the evaluation and treatment of abnormal cervical cytology. In addition, national guidelines will be followed for the performance of mammography for breast cancer screening and for the performance of chlamydia screening.

5. Responsibilities:

a. Regional Medical Commands (RMCs) are responsible for the execution of this policy.

b. Local medical treatment facilities (MTFs) should develop procedures to ensure Soldiers who are determined to be Women's Readiness Class 3 (WRC 3) by standards outlined below will not be reflected as deployable during Soldier Readiness Processing procedures in MEDPROS.

6. Policy:

a. Female Soldiers are required to have an annual PAP smear unless they meet one of the following criteria:

(1) They are 30 years of age or older with no history of dysplasia in the past and they have had three consecutive normal PAP smears. These women are required to have PAP smears/cervical cytology every three years.

(2) They have had a hysterectomy with removal of the cervix for reasons other than cervical dysplasia or cancer. They will be permanently exempt from further PAPs/cervical cytology. Those with a history of supracervical hysterectomy (cervix present) do not apply for permanent exemption.

b. Female Soldiers who are deploying will follow this algorithm (enclosure 1).

(1) Women over 30 years of age with no history of dysplasia and three normal consecutive PAPs will have a PAP/cytology performed within 24 months of deployment.

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The patient will only be able to follow this criterion if the MTF has entered this data into the MEDPROS Women's Readiness Module (WRM) as outline below.

(2) All other women with the exception of those that are permanently exempt will have cervical cytology/PAP performed within six months of the estimated date of deployment.

c. Female Soldiers age 25 years or younger are required to have annual Chlamydia testing. There is no need for the MTF to enter this information. The field will be auto populated with the date the lab was performed.

d. Women age 40 years and over are required to have a mammogram a minimum of every two years. More frequent intervals may be indicated based on patient risk factors and clinical judgment. There is no need for the MTF to enter this information. The field will be auto populated with the date the mammogram was performed.

e. Women's Health Readiness Categories are as follows:

(1) Women's Readiness Class 1 (WRC 1):

(a) Soldier has had normal cervical cytology/PAP within last 12 months (six months if deploying) or;

(b) Soldier has a permanent exemption or;

(c) Soldier is 30 years of age or older and with no history of dysplasia in the past and has had three consecutive normal yearly PAP smears.

(d) Soldier will be considered available and categorized as "Green" in MEDPROS.

(2) Women's Readiness Class 2 (WRC 2):

(a) Soldier has had cervical cytology within last 12 months (six months if deploying) and,

(b) Soldiers over 20 years of age with Atypical Squamous Cells of Undetermined Significance (ASC-US) Human Papilloma Virus (HPV) typing negative or

(c) Soldiers 20 years old and younger who have a history of abnormal cervical cytology to include cervical cytology showing ASC-US with HPV typing negative or positive for oncogenic HPV or those with low-grade squamous intraepithelial lesion (LSIL) or cervical intraepithelial neoplasia 1 (CIN 1) or

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(d) Soldiers of any age with abnormal cervical cytology which has been fully evaluated and/or treated and has been cleared to return to yearly PAPs by a provider credentialed in women's health.

(e) These Soldiers will be considered available and categorized as "Green" in MEDPROS.

(3) WRC 3: Soldier's most recent cervical cytology is abnormal and requires further evaluation by a provider with credentials in women's health. The following cervical cytology results require further evaluation:

(a) In women over 20 years of age this includes: ASC-US HPV Positive, LSIL, high-grade squamous intraepithelial lesion (HSIL), any CIN, Carcinoma in situ (CIS), adenocarcinoma in situ (AIS), atypical glandular cells (AGC), or invasive cancer.

(b) In women 20 years and younger this includes: HSIL, CIN 2, CIN 3, CIS, AIS, AGC, or invasive cancer.

(c) These Soldiers will be considered non-available and categorized as "Red" in MEDPROS. They must be entered as a WRC 3 in MEDPROS to preclude the soldier showing as deployable in MEDPROS. They will be given a temporary profile (DA 3349) stating limitations to deployment and required follow-up. The suggested diagnosis in block 1 is "Abnormal PAP smear requiring further evaluation and treatment." The PULHES in block 3 will be a temporary 311111. Block 5 f should be checked "NO." Block 10 should state, "Soldier must remain near a medical treatment facility that has Colposcopy capabilities and medical providers credentialed to treat cervical pathology. May only deploy to a mature Theater. Iraq and Afghanistan are NOT equipped to treat a patient with this medical condition. Patient must follow-up in clinic in ___months" (enclosure 5: DA 3349 example). The DA Form 3349 will be documented in AHLTA using the Army Readiness Profile Module.

(4) Women's Readiness Class 4 (WRC 4): Soldier whose cervical cytology is not current as defined in 6.a will be considered non-available and classified as "Red" in MEDPROS.

f. MEDPROS entry of readiness classifications:

(1) There is presently no ability to do a direct feed of data from AHLTA to MEDPROS for any lab results to include PAPs.

(2) A WRM has been created in MEDPROS Web Data Entry (MWDE) where only those select personnel identified by the MTFs will have access to update this module. No other personnel will have write access to this module. Those without MWDE access to the WRM will only be able to see that a soldier is "red" or "green" for Women's Readiness and will not be able to see assigned classifications or lab results.

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The MWDE site may be found at <https://mwde.mods.army.mil/mwde/> (user will be prompted for AKO Login ID and password for validation).

(3) No later than (NLT) 31 Dec 08 – RMCs or MTFs will identify and appoint site administrator personnel (recommend at least two or three) at each site who will control who is granted access to the WRM module at their locations. A site administrator is not needed for each specialty clinic or treatment medical center. The site administrators will validate the individual need for access to the WRM and assure all applicants meet HIPAA requirements. A single consolidated site administrator access roster for either location, MTF or the RMC, signed by the Deputy Commander for Clinical Services of the MTF or the Chief of Clinical Operations of the RMC or their designated representative, should be sent to the MODS Help Desk (modshelp@asmr.com) (enclosure 2). For Reserve Components (RC), the State and RC Surgeons Offices may be the signature authority. The roster must be accompanied by a completed Office of the Administrative Assistant to the Secretary of the Army, United States Information Technology Agency (AAIT-DC) Form 9-R (enclosure 3) for each person on the roster that does not already have an active MEDPROS Mainframe Login ID (LID).

(4) NLT 30 Jan 09 - RMCs and MTFs identify those personnel who will need data entry access to the WRM for posting PAP and mammogram data. A single WRM write access roster for each location, signed by the site administrator (appointed in f (3) above), with validation of those individual's current HIPAA training compliance should be sent to the MODS Help Desk (modshelp@asmr.com) (enclosure 2). The roster must be accompanied by a completed AAIT-DC Form 9-R form for each person on the roster that does not already have an active MEDPROS Mainframe LID. If the access rosters are coming thru the RMC, the site administrator ensures that the rosters identify the location (MTF, SRP site, etc.) of each user. The request cannot be processed without this information.

(5) NLT 20 Feb 09 - Those personnel requiring data entry access to the WRM for posting PAP and mammogram data must have access.

(6) NLT 2 Mar 09 - WRM entry requirements go into effect. The WRM will be operational NLT 15 Dec 08.

(7) There is presently no mandatory requirement for MTFs to enter WRC 1 or WRC 2 PAPs into MEDPROS. However, it is anticipated that this will become a mandatory requirement in the future. Entering all WRCs into MEDPROS at this time will potentially increase the availability and reduce the wait time for PAP appointments for our beneficiaries by identifying those Soldiers who can go up to three years between PAPs.

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(8) NLT 2 Mar 09 - Soldiers who are a WRC 3 must be entered into the MEDPROS WRM by the MTF thereby causing the Soldier to be classified as "red" and ensuring that the Soldier does not deploy with a potentially serious condition. The Soldier must also be given a temporary profile that places limitations on deployment as outlined above.

(9) MEDPROS will default to categorizing a Soldier as green if they have had a PAP (regardless of results) in the past year and will show the soldier as due for their next PAP one year from that date without assigning a WRC. If the provider wishes to have a soldier repeat their cervical cytology in less than a year (as in WRC 3) or have a longer interval as in 6.a.(1), a new due date may be manually entered into the new WRM of the MWDE by the MTF.

(10) There is no requirement that an actual provider enter this data into MEDPROS. The requirement is that a person with knowledge in the treatment and follow-up of both normal and abnormal cervical cytology review the results and assign a women's readiness classification to the patient along with an appropriate follow-up interval (one to three years). This information can then be given to a person designated to enter the information into MEDPROS for the facility.

(11) A Women's Readiness "How To" manual will be published and fielded NLT 15 Dec 08 and will provide detailed instructions on the posting of information to the WRM. It can be found on the MWDE site (<https://mwde.mods.army.mil/mwde/>).

g. RC Soldiers (COMPO 1 and 2) may continue their present methods of obtaining PAPs and performing MEDPROS data entry or use the new WRM in MWDE. If they choose the former method, then the only way to prevent WRC 3 females from erroneously deploying prior to evaluation and treatment of the abnormal cervical cytology is for the unit to post a "Y" (yes) in the Medical NonDeployable profile field of MEDPROS. A T3 in the PULHES of a DA 3349 by itself will not stop a soldier from showing as deployable in MEDPROS. RC personnel can gain access to the new WRM module in MWDE as outlined above. Upon mobilization, all female RC Soldiers should provide documentation of their current PAP/cytology results to be placed in the DD 2766 Deployment Health Record.

h. Soldiers will be alerted via AKO that they are amber for their PAP 60 days prior to their PAP expiration. They will turn from amber to red in AKO when the PAP becomes past due. However, they will turn directly from green to red in MEDPROS when the PAP becomes past due.

i. Evaluation, treatment, and follow up of abnormal cervical cytology will be based on the most current ASCCP Guidelines.

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j. In support of the current ASCCP guidelines, a HPV-DNA test only without PAP smear (performed by brush with Digene's HC2 DNA Collection Device) can be submitted by the MTF lab to one of the three reference labs that can perform the testing. The reference labs for this test are presently located at Brooke Army Medical Center, Walter Reed Army Medical Center and Madigan Army Medical Center (enclosure 4; Walter Reed Cytopathology Bulletin: HPV DNA Test Utilization for proper collection and indications for usage).

k. Providers conducting PAP smears/cervical cytology should counsel all female Soldiers per current Center for Disease Control and Prevention guidelines (presently up to age 26) about the benefits of the HPV vaccine and highly encourage the vaccine for these women.

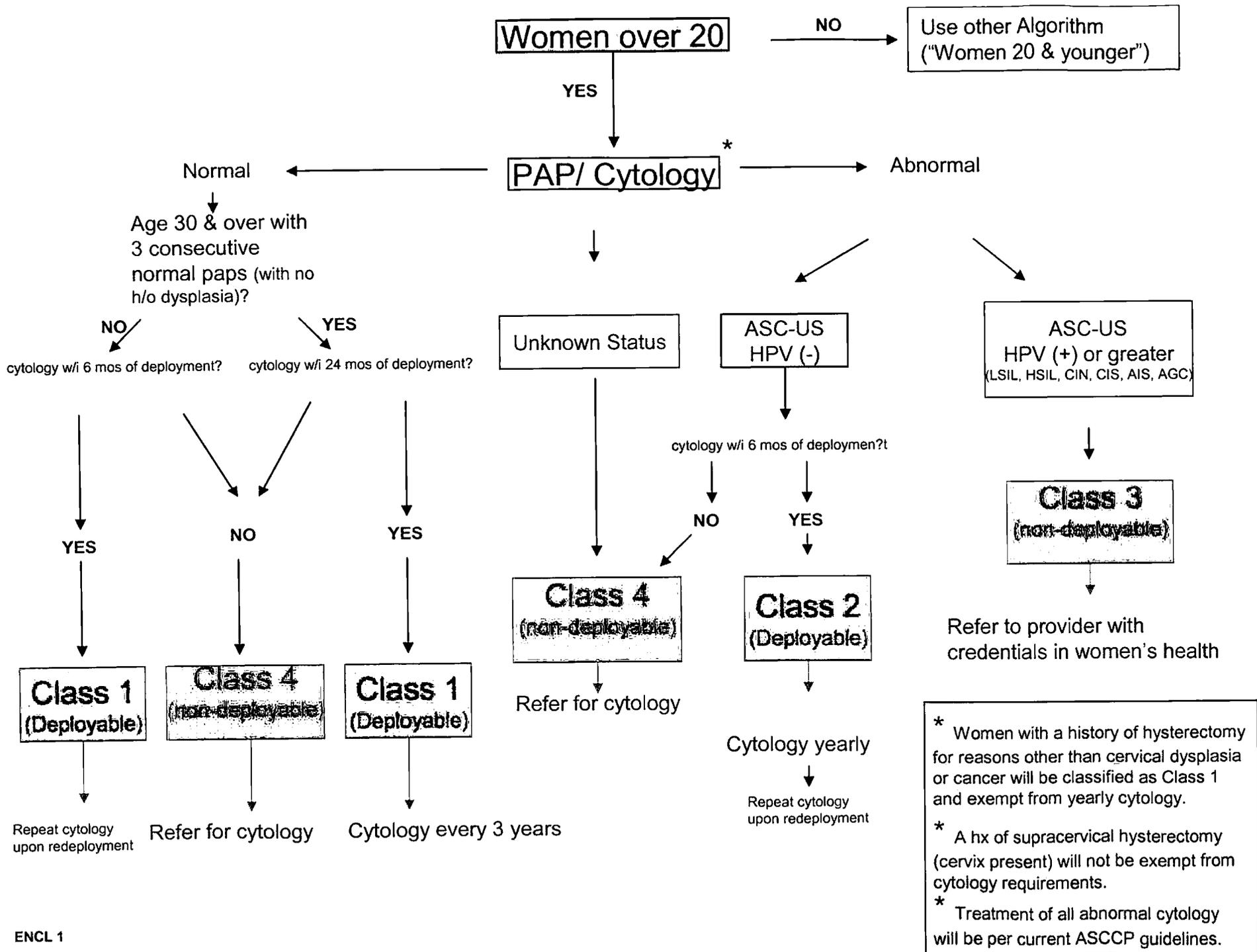
7. These new guidelines will not change present Unit Status report reporting criteria.

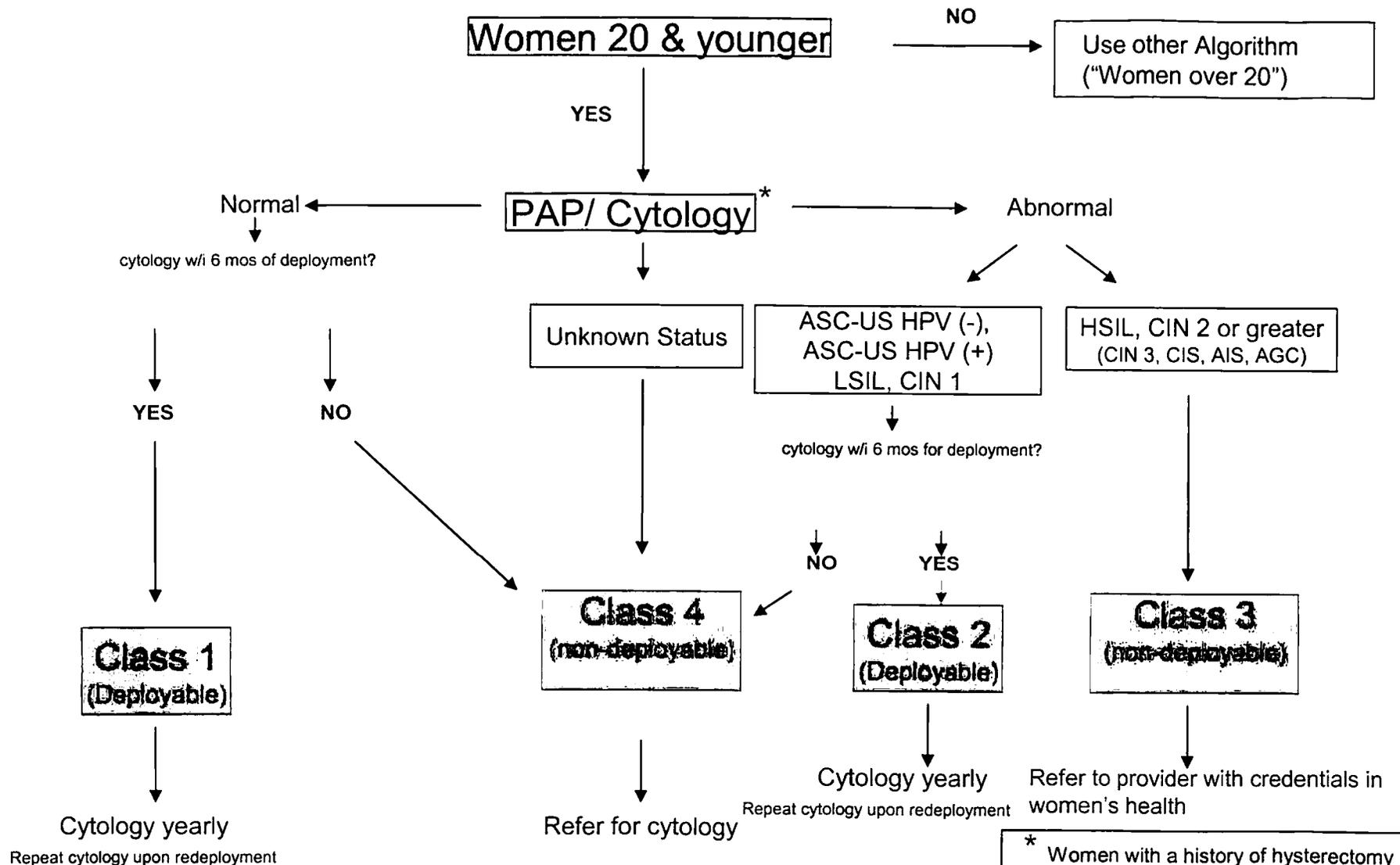
8. This policy represents the minimum requirements for screening and is not a substitute for clinical judgment. More stringent screening may be indicated in selected populations with additional risk factors.

FOR THE COMMANDER:

Encl
as


WILLIAM H. THRESHER
Chief of Staff





* Women with a history of hysterectomy for reasons other than cervical dysplasia or cancer will be classified as Class 1 and exempt from yearly cytology.

* A hx of supracervical, hysterectomy (cervix present) will not be exempt from cytology requirements.

* Treatment of all abnormal cytology will be per current ASCCP guidelines.

Organization Letterhead

Office Symbol

1 Sep 08

MEMORANDUM FOR MEDPROS System Administrators, ASM Research, Inc.,
Suite 100, 3025 Hamaker Court, Fairfax, Virginia 22031

SUBJECT: Appointment of MEDPROS Women's Readiness Module Site
Administrators

1. REFERENCE: MEDCOM Policy 08-031, Women's Readiness Guidelines, dated 21 July 2008.

2. The following personnel are appointed as MEDPROS Access Site administrators for _____ (e.g. Darnall Army Medical Center, Fort Hood, TX). These personnel will be responsible for the initial and subsequent identification of personnel throughout this facility who will need to write access to post Women's Readiness information (Pap Smear and Mammogram) performed by this installation or upon review, results obtained from other locations into the Medical Protection System (MEDPROS). They will also be responsible to remove personnel from access to the site upon PCS, ETS, Retirement or other reasons.

<u>NAME</u>	<u>RANK</u>	<u>MEDPROS MAINFRAME Login ID</u>	<u>AAIT-DC 9R ATTACHED</u>	<u>AKO Login ID</u>
John Smith	CPT	JAA12	NO	john.smith2
Jane Doe	SSG	NA	YES	jane.doe
Robert Jones(GS Civ)	GS07	JAA11 OR	NO	robert.jones1
Roberta Smith(Contractor)	CONTR	NA	YES (w/VAR)	roberta.jones

3. Questions concerning this appointment memorandum may be directed to the undersigned or _____ at Commercial: XXX-XXX-XXXX or DSN: XXX-XXXX.

JOHN D. JONES
COL, XX
Deputy Commander for Clinical Services

ENCL 2

Organization Letterhead

Office Symbol

1 Sep 2008

MEMORANDUM FOR MEDPROS System Administrators, ASM Research, Inc.,
Suite 100, 3025 Hamaker Court, Fairfax, Virginia 22031

SUBJECT: Appointment of MEDPROS Women's Readiness Module Data Entry
Personnel

1. REFERENCE: MEDCOM Policy 08-031, Women's Readiness Guidelines, dated 21 July 2008.
2. The following personnel are authorized write access to the Women's Readiness Module of the Medical Protection System (MEDPROS) for purpose of posting results of Pap Smears and Mammograms performed at _____ (e.g. Darnall Army Medical Center, Fort Hood, TX) or upon review, results obtained from other locations.

<u>NAME</u>	<u>RANK</u>	<u>MEDPROS MAINFRAME LoginID</u>	<u>AAIT-DC 9R ATTACHED</u>	<u>AKO LoginID</u>
John Smith	CPT	JAA12	NO	john.smith2
Jane Doe	SSG	NA	OR YES	jane.doe
Robert Jones (GS Civ)	GS07	JAA11	NO	robert.jones1
Roberta Smith (Contractor)	CONTR	NA	YES (w/VAR)	roberta.jones

3. I certify the above named individuals are current, as appropriate, with credentialing (Health Care Providers only) and Health Insurance Portability and Accountability Act (HIPAA) certification requirements.

4. Questions concerning this appointment memorandum may be directed to the undersigned or _____ at Commercial: XXX-XXX-XXXX or DSN: XXX-XXXX.

JOHN D. JONES
MAJ. XX
MEDPROS Access Site Administrator

Organization Letterhead

Office Symbol

1 Sep 2008

MEMORANDUM FOR MEDPROS System Administrators, ASM Research, Inc.,
Suite 100, 3025 Hamaker Court, Fairfax, Virginia 22031

SUBJECT: Appointment of MEDPROS Women's Readiness Module Data Entry
Personnel at Soldier Readiness Processing (SRP) Site

1. REFERENCE: MEDCOM Policy 08-031, Women's Readiness Guidelines, dated 21 July 2008.
2. The following personnel are authorized write access to the Women's Readiness Module of the Medical Protection System (MEDPROS) for purpose of posting results of Pap Smears and Mammograms performed at _____ (e.g. Fort Hood SRP site) or upon review, results obtained from other locations.

<u>NAME</u>	<u>RANK</u>	<u>MEDPROS MAINFRAME LoginID</u>	<u>AAIT-DC 9R ATTACHED</u>	<u>AKO LoginID</u>
John Smith	CPT	JAA12	NO	john.smith2
Jane Doe	SSG	NA	YES	jane.doe
Robert Jones (GS Civ)	GS07	JAA11	OR	robert.jones1
Roberta Smith (Contractor)	CONTR	NA	YES (w/VAR)	roberta.jones

3. I certify the above named individuals are current, as appropriate, with credentialing (Health Care Providers only) and Health Insurance Portability and Accountability Act (HIPAA) certification requirements.
4. Questions concerning this appointment memorandum may be directed to the undersigned or _____ at Commercial: XXX-XXX-XXXX or DSN: XXX-XXXX.

JOHN D. JONES
MAJ, XX
OIC, Medical Station, Soldier
Readiness Processing Site

Office of the Administrative Assistant to the Secretary of the Army,
United States Information Technology Agency (AAIT-DC)

LOGONID REQUEST FORM

PLEASE TYPE OR PRINT and COMPLETE ALL SECTIONS. Improper submissions will be returned.

PART A USER INFORMATION

1. FULL NAME _____ 2. SSN _____
 (LAST) (FIRST) (MI)
3. RANK/GRADE/ _____ 4A. ORGANIZATION/UNIT _____
 CONTRACTOR
- 4B. OFFICE SYMBOL _____
5. OFFICE PHONE: (COMMERCIAL) () _____ DSN: _____
6. REQUESTOR'S ORGANIZATION MAILING ADDRESS _____
 (NO ACRONYMS PLEASE) ATTN: _____

 (STREET ADDRESS, P.O. BOX)

 (CITY) (STATE) (ZIP)
7. LIST ANY PREVIOUS AAIT-DC (NISA) LOGONIDS ISSUED: _____
8. USER EMAIL ADDRESS _____

PART B PLEDGE TO UPHOLD SECURITY STANDARDS

I certify that I have read, understand, and will comply with the security policies and procedures described in the "User Responsibilities" section of this form. I understand that any violations of these procedures by me, any unauthorized use of Government resources, or withholding knowledge of any suspected violation may result in suspension/termination of my user privileges on the AAIT-DC system and submission of a report to my supervisor.

SIGNATURE _____ DATE _____

PART C SECURITY VERIFICATION

All users must have at least a favorable NAC completed and verified by your security office in order to access the AAIT-DC system.

1. I certify that _____ holds a valid clearance level of _____.
(Full Name)

issued on _____ by _____
(DD/MM/YY) (ISSUING AGENCY)

Type of investigation _____ Date completed _____
(DD/MM/YY)

2. I have reviewed this request and certify that the applicant has a need for access to the AAIT-DC system and has been briefed on terminal area security.

CIRCLE THE SYSTEM(S) TO BE ACCESSED: ATRRS **MODS** PAM OTHER WOMEN'S READINESS

Security Manager _____
(TYPE / PRINT NAME) (SIGNATURE) (PHONE#)

CONTRACTOR INFORMATION

1. COMPANY NAME _____ 2. CONTRACT# _____
3. EFFECTIVE DATE _____ 4. EXPIRATION DATE _____
5. COR/COTR _____
 (TYPED NAME) (SIGNATURE) (PHONE)

MEDPROS USERS (REQUIRED)

(MARK ONE) ___ Active Army ___ National Guard ___ Reserve ___ Mobilized Reservist/Guard ___ DA Civilian ___ Contractor

Commander (Active Army), State (Guard), RSC/O&F/Training Command (Reserve) Approval Authority.
 A commander or SRP OIC is the approval authority for DA Civilians and Contractors.

(RANK) (POS TITLE) (PRINT NAME) (SIGNATURE) (PHONE #)

(Guard and Reserve only) Allow user to update physicals in MEDPROS (CIRCLE ONE) APPROVED DISAPPROVED
 Approve the above named person to receive MEDPROS "Write Access" as the commander's representative and further certify that the applicant has met the minimum security requirement NAC favorably completed and has been briefed by the Information Systems Security Office (ISSO). He/She understands the data contained within the MODS/MEDPROS Mainframe and Web is for Official Use Only and is not intended and cannot be used for any other purpose.

PAM USERS

JUSTIFICATION FOR ACCESS TO THE PAM SYSTEM: _____

ATRRS Connection Survey

Please complete this form carefully. If you are not sure of an answer get assistance from someone in your office. Erroneous information could result in not getting the software that may be required to access the ATRRS system. Please forward this survey along with your AAIT-DC LOGON-ID request form to the address at the bottom of the AAIT-DC Form 9-R. PLEASE TYPE OR PRINT.

PART A - ORGANIZATION INFORMATION

- 1. FULL NAME _____ 2. SSN _____
 (LAST) (FIRST) (MI)
- 3. RANK/GRADE/TITLE _____ 4A. ORGANIZATION ACRONYM _____
 4B. OFFICE SYMBOL ATTN: _____
- 4C. ADDRESS 1 _____
- 4D. ADDRESS 2 _____
- 4E. CITY _____ 4F. STATE _____ 4G. ZIP _____
- 5. COMM. OFFICE PHONE: (_____) _____ DSN: _____
- 6. FAX OFFICE PHONE: (_____) _____ DSN: _____

PART B - SYSTEM INFORMATION

Is your ATRRS site Active Army _____ Army Reserve _____ Army National Guard _____?
 If none of the above, please indicate _____
 Does the computer you will be using already have ATRRS connectivity? Yes _____ No _____
 Is your computer connected to a local area network (LAN)? Yes _____ No _____
 Do you have Internet access? Yes _____ How _____ No _____

PART C - TSACS MODEM CONDUCTIVITY

Army National Guard and Army Reserve Personnel who require modem connectivity can use the Terminal Server Access Controller System (TSACS).

To allow access to the NIPERNET. Through the NIPERNET, authorized users can connect to the Pentagon mainframe computer, and the ATRRS Website www.atrrs.army.mil via modem to access the Army Training Requirements and Resource System (ATRRS).

NOTE: Active Army Personnel must contact their Local Director of Information Management (DOIM) for a TSACS Account. If you need a TSACS Account for ATRRS connectivity, please indicate. Yes _____ No _____

INSTRUCTIONS

PART A

- #4. Use official organization and office symbol. Contractors must enter COTRs Office Symbol.
- #6. Requestor Organization's complete address, no acronyms please. Include room and building numbers required
- #8 Prefer AKO email address.

PART B ALL APPLICANTS MUST READ AND SIGN.

PART C You may not verify your own clearance.

CONTRACTORS are required to submit a Visit Authorization Request (**VAR**) signed by their Corporate Security Officer. The VAR must be on company letterhead, and include the persons name, date and place of birth, SSN, citizenship, investigation information and clearance information.

PAGE 2 All sections that are applicable to the user must be completed.

ISSO/COR must fax this form to:

MODS Help Desk:
Attn User Access:
(703) 681-4983 or DSN 761-4983

If a mailing address is needed
please send a request to:
modshelp@asmr.com

PRIVACY ACT STATEMENT

AUTHORITY: EXECUTIVE ORDER 10450.

Personal information on this form is used to determine the individual's eligibility for access to AAIT-DC computer resources.

Provided information is used to ensure that only authorized personnel access the computer resources.

DISCLOSURE OF INFORMATION ON THIS FORM IS VOLUNTARY. HOWEVER, IF THE INFORMATION IS NOT PROVIDED, SYSTEM ACCESS WILL BE DENIED.

USER RESPONSIBILITIES

- A. Fill out the AAIT-DC LOGON-ID Request Form (AAIT-DC Form 9R) completely. Incomplete forms will be returned.
- B. Follow proper LOGON and LOGOFF procedures.
- C. Change **PASSWORDS** at least once within a 90-day period. The **PASSWORDS** are computer generated, but the process must be initiated by the user.
- D. Ensure each remote terminal is active only when an authorized terminal operator is present and using the equipment. Any violation of this procedure is a breach of security. Prior to leaving the terminal, each user must properly LOGOFF to ensure access cannot be gained without initiating proper LOGON procedures.
- E. Adhere to security requirements for all remote terminals, individual passwords, and data transmitted to and from the AAIT-DC ADP System(s).
- F. Handle all information from the AAIT-DC database containing personal/privacy act information as sensitive data and comply with provisions of the Privacy Act and other published security procedures.
- G. Prevent unauthorized disclosure or transfer of systems entry features from one user to another. **DO NOT SHARE TERMINAL SESSIONS or PASSWORDS!** Violations of this will result in suspension of access. Access will be restored upon receipt of a letter from the security manager stating the violation, the name(s) of individual(s) involved, and their SSN's.
- H. Do not transmit and/or extract classified data via unclassified remote terminals.
- I. Report suspected security violations to your supervisor and Security Manager.
- J. Do not attach privately owned equipment to the AAIT-DC computers.
- K. If you have any questions about this form please call the Access Management Help Desk at 703 693-3625 or DSN 223-3625.

PHYSICAL PROFILE

For use of this form, see AR 40-501; the proponent agency is the Office of the Surgeon General.

1. MEDICAL CONDITION: (Description in lay terminology) <input type="checkbox"/> INJURY? Or <input checked="" type="checkbox"/> ILLNESS/DISEASE? Abnormal PAP smear requiring further evaluation and treatment	2. CODES (Table 7-2 AR 40-501)	3. Temporary Permanent	P U L H E S 3 1 1 1 1 1
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4. PROFILE TYPE	YES	NO
a. TEMPORARY PROFILE (Expiration date YYYYMMDD) (Limited to 3 months duration)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. PERMANENT PROFILE (Reviewed and validated as a minimum with every periodic physical exam or after 5 years from the date of issue)	<input type="checkbox"/>	<input type="checkbox"/>
c. IF A PERMANENT PROFILE WITH A 3 OR 4 PULHES, DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501? (IF USAR/ARNG/ARNGUS SOLDIER NOT ON ACTIVE DUTY SEE PARA. 9-10 & 10-26, AR 40-501 IF SOLDIER DOES NOT MEET RETENTION STANDARDS.)	Needs N/A	Needs N/A

5. FUNCTIONAL ACTIVITIES FOR PERMANENT AND TEMPORARY PROFILES (If any answer (a-f) is NO then the profile should be at least a 3)		
a. ABLE TO CARRY AND FIRE INDIVIDUAL ASSIGNED WEAPON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES (48 LBS includes helmet, boots, uniform, LBE, weapon, protective mask, pack, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION (Dig, fill, & lift sand bags, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. ABLE TO DO 3-5 SECOND RUSHES UNDER DIRECT AND INDIRECT FIRE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. APFT	YES	NO	ALTERNATE APFT (Fill out if unable to do APFT run otherwise N/A)	YES	NO
2 MILE RUN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APFT WALK	N/A	<input type="checkbox"/>
APFT SIT-UPS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APFT SWIM	N/A	<input type="checkbox"/>
APFT PUSH UPS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APFT BIKE	N/A	<input type="checkbox"/>

7. STANDARD OR MODIFIED AEROBIC CONDITIONING ACTIVITIES (Check all applicable boxes)					
UNLIMITED RUNNING	<input type="checkbox"/>	<input type="checkbox"/>	OR RUN AT OWN PACE & DISTANCE	<input type="checkbox"/>	<input type="checkbox"/>
UNLIMITED WALKING	<input type="checkbox"/>	<input type="checkbox"/>	OR WALK AT OWN PACE & DISTANCE	<input type="checkbox"/>	<input type="checkbox"/>
UNLIMITED BIKING	<input type="checkbox"/>	<input type="checkbox"/>	OR BIKE AT OWN PACE & DISTANCE	<input type="checkbox"/>	<input type="checkbox"/>
UNLIMITED SWIMMING	<input type="checkbox"/>	<input type="checkbox"/>	OR SWIM AT OWN PACE & DISTANCE	<input type="checkbox"/>	<input type="checkbox"/>

8. UPPER BODY WEIGHT TRAINING (See FM 21-20)	<input type="checkbox"/>	<input type="checkbox"/>	9. LOWER BODY WEIGHT TRAINING (See FM 21-20)	<input type="checkbox"/>	<input type="checkbox"/>
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10. OTHER: e.g Functional limitations and capabilities and other comments: (May continue on page 2) Soldier must remain near a medical treatment facility that has colposcopy capabilities and medical providers credentialed to treat cervical pathology. Iraq and Afghanistan are not equipped to treat a patient with this medical condition. Patient must follow up in clinic in ___ months. <input type="checkbox"/> This temporary profile is an extension of a temporary profile first issued on _____	11. THESE PARAMETERS ARE OPTIONAL, USE AS NEEDED Lifting or carrying max weight _____ or _____ distance Running maximum distance _____ Prolonged standing - maximum time per episode _____ Marching with standard field gear except rucksack max distance _____ Impact activities such as jumping max # reps in one day _____
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12. TYPE NAME & GRADE OF PROFILING OFFICER	13. SIGNATURE	14. DATE (YYYYMMDD)
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15. ACTION BY APPROVING AUTHORITY	APPROVED	NOT APPROVED
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16. TYPE NAME & GRADE OF SENIOR PROFILING OFFICER OR APPROVING AUTHORITY	17. SIGNATURE	18. DATE (YYYYMMDD)
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19. ACTION BY UNIT COMMANDER (See para 7-12, AR 40-501)	YES	NO
THIS PROFILE REQUIRES A CHANGE IN THIS SOLDIER'S MOS or DUTY ASSIGNMENT	<input type="checkbox"/>	<input type="checkbox"/>

20. COMMENT		
If this is a permanent profile with a PULHES serial of 3 or 4 refer to block 4c		

21. TYPE NAME & GRADE OF UNIT COMMANDER	22. SIGNATURE	23. DATE (YYYYMMDD)
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24. PATIENT'S IDENTIFICATION (For typed or written entries give: Name (Last, first); grade; SSN; hospital or medical facility)	25. UNIT
ENCL 5	26. ISSUING CLINIC, PROVIDER E-MAIL & PHONE NUMBER

PROFILING OFFICER (Or Approving Authority if applicable) IS RESPONSIBLE FOR ENSURING THE PULHES & DATE OF PROFILE IS ENTERED INTO MEDPROS. ORIGINAL COPY POSTED IN MEDICAL RECORDS, 1 COPY TO UNIT COMMANDER, 1 COPY GIVEN TO SOLDIER, 1 COPY TO MLPO.

PHYSICAL PROFILE - PAGE 2 (OPTIONAL)

PATIENT'S NAME

DATE (YYYYMMDD)

CONTINUATION (From page 1, Item 10)



Walter Reed National Military Medical Center
Department of Pathology and
Area Laboratory Services

**CYTOPATHOLOGY BULLETIN:
HPV DNA Test Utilization**

The American Society of Colposcopic and Cervical Pathology (ASCCP) published new consensus management guidelines for abnormal Pap tests in October 2007. Most of these guidelines are supported by the Army Office of the Surgeon General and updated military policies are in the development stages. The Army and Navy do not currently support the use of a DNA-PAP (HPV-DNA testing on all Pap tests) screening test for women over 30 years of age. This decision is based upon a joint military service study:

Bidus MA, Maxwell GL, Kulasingam S, Rose GS, Elkas JC, Chernofsky M, Myers ER.

Cost-effectiveness analysis of liquid-based cytology and human papillomavirus testing in cervical cancer screening. *Obstet Gynecol.* 2006 May;107(5):997-1005.

The US Army will begin offering HPV-DNA testing (without associated Pap testing) for special clinical circumstances in April 2008.

INDICATIONS FOR HIGH-RISK HPV DNA TESTING:

HPV-DNA test only (without Pap) 12 months after the clinical visit for the following populations of women:

- ASC-US, HPV+ but colposcopy negative
- ASC-H without CIN 2,3 on initial colposcopy
- LSIL without CIN 2,3 on initial colposcopy
- Atypical Glandular Cells* following initial negative colpo-directed biopsies- at 6 mo if initial HPV positive, or at 12 mo if initial HPV negative
(NOTE: Pap should also be performed, but as a separate test "without reflex", at 6 & 12 months)
- Definitely treated (by LEEP/Cone) for HSIL or AGC (at 6 months)

**Atypical glandular cells includes atypical endocervical and endometrial cells. Atypical Glandular Cells, Favor Neoplastic and Endocervical Adenocarcinoma in Situ should be followed with a diagnostic cone excision if initial biopsies are negative. Atypical Endometrial Cells should result in an endometrial biopsy.*

The HPV-DNA only test is performed using Digene's **HC2 DNA Collection Device** (a brush). Instructions on collection and procurement are below. This test is not FDA-approved to be performed from a ThinPrep vial without a Pap test. Only Digene kits are accepted as appropriate procurement media for HPV-only testing.

High-risk HPV DNA testing for subsequent management should not be repeated before 12 months, except for AGC or AIS Pap diagnosis when no pathology is found on the initial colposcopy, endocervical sampling or endometrial sampling. In this situation, repeat testing at 6 months may be appropriate.

“Reflex” HPV test in conjunction with the Pap test is performed automatically, as ordered by the pathologist, and is based upon the Pap test result in the following cases:

- ASC-US Pap in women ≥ 21 years of age
- LSIL PAP in women ≥ 45 years of age (postmenopausal)*
- Atypical Glandular Cells- initial diagnosis

** Because postmenopausal status is difficult to determine and often not offered in the clinical history, an arbitrary age of ≥ 45 years is used as a substitute in the military.*

Situations where HPV Testing is not appropriate

- Patients with a prior HPV test (either positive or negative) within the past year (except in cases of atypical glandular cells; see above).
- Routine cervical cancer screening.
- Considered **“unacceptable”** in the management of adolescents (age 20 and younger) with a cytologic diagnosis of ASC-US or LSIL. Further, if HPV testing is inadvertently performed, the results should NOT be used to influence patient management.
- Initial triage of women with HSIL or ASC-H.
- Initial triage of women with Atypical Glandular Cells (AGC) or Adenocarcinoma-in-Situ (AIS) (if used alone).

Testing for low-risk (non-oncogenic) HPV types has no role in routine cervical cancer screening or for the evaluation of women with abnormal cervical cytology.

HPV-DNA Test Only on Cervical Samples:

Specimen must be submitted using the **HC2 DNA Collection Device** available through Digene Corporation (Digene’s catalog # 5126-1220.) Clinics may purchase their own kits to have on hand. Order **“Direct HPV”** in CHCS for the HPV-only test.

Digene HC2 DNA Collection Device Instructions:

1. First remove excess mucus from the cervical os and surrounding ectocervix using a cotton or polyester swab. Discard this swab.
2. To obtain the specimen, insert the Digene Cervical Sampling Brush 1.0-1.5 centimeters into the cervical os until the largest bristles touch the ectocervix. Do not insert brush completely into the cervical canal. Rotate brush **3 full turns** in a counterclockwise direction, remove from the canal.
3. Insert brush into the transport tube. Snap off shaft at scored line, leaving brush end inside tube, and recap securely by snapping in place.
4. **The Collection Device must be kept refrigerated. If shipping to WRAMC, please ship with cold packs.**

NOTE: Digene’s HPV test is not FDA-approved for vaginal specimens; these specimens will not be tested if submitted. It is also not FDA-approved as a stand-alone test from the ThinPrep vial; these specimens will also be rejected.

At Walter Reed, HPV results will be reported both in CHCS and as an amendment to the original Pap report, if applicable. If an HPV is not indicated as reflex, order the Pap test “without reflex”