



## Hysterectomy Data Collection Form

Dear Doctor,

In order to avoid inappropriate correspondence with a woman who has had a total hysterectomy and who does not require future cervical screening, please complete and return the form below if CervicalCheck should cease correspondence with the identified woman.

**Woman's name:** \_\_\_\_\_

**Woman's address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of birth:**

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**PPS number:**

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**Surname at birth:** \_\_\_\_\_

**Mother's maiden name:** \_\_\_\_\_

For reference:

*Cervical Screening Results and Management Recommendation Guide.*

*Guidance Note 11 – Cervical Screening Results and Management Recommendation Guide.*

These publications are available on the CervicalCheck website ([Information for Health professionals](#)).

I wish to confirm that the woman identified above does not require cervical screening in the future as she has had a total hysterectomy.

**Doctor's signature:** \_\_\_\_\_

**Doctor's MCRN:**

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**Date:**

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*Doctor's stamp*

The completed form should be returned to: **CervicalCheck, Freepost LK407, Limerick**