

The completed form is to be returned to
**CervicalCheck – The National Cervical
Screening Programme**
Freepost LK407
Limerick



Cervical Screening Not Advised

This form is to be used when cervical screening is not advised for a woman and when this situation is unlikely to change.

For further information on consent and ceasing participation, please see
Guidance Note 12 CervicalCheck: Participation, Consent and Ceasing participation
(available to download on www.cervicalcheck.ie)

Woman's Details

Name (BLOCK LETTERS)

Address (BLOCK LETTERS):

..... DOB (dd/mm/yyyy)

..... PPS No. (if known)

..... CSP ID (if known)

I have considered the above woman's cervical screening needs, which I consider unlikely to change, and hereby inform CervicalCheck that cervical screening is not advised for this woman.

I understand that once this form is submitted, this woman will not receive any future correspondence from CervicalCheck.

Doctor (name in block letters):

Signed:

MCRN:

Date (dd/mm/yyyy):

Doctor's stamp

Please keep a copy of this completed form in the client's records