Cervical Screening Form

CervicalCheck
AN CLÁR NÁISIÚNTA SCAGTHÁSTÁLA CEIRBHEACS
THE NATIONAL CERVICAL SCREENING PROGRAMME

Incomplete forms may be returned.

e client that all details on the form are correct.

remove the vial number label from the sample vial and attach

Vial Number:

Vial number label: Detach from the vial and place here.

Please use every effort to provide the womans PPSN

Numbers | Letters

Personal Public Service Number

CSP ID

Hospital Number (if applicable)

Day Month Year

Date of Birth

Individual Health Identifier (IHI) :

filling in your details

The Individual Health Identifier (IHI) field has been added to future-proof this document.

Middle Name

Surname at Birth

To ensure accurate identification of the woman, please complete this section in its entirety.

Mother's Maiden Name

Postal Address for Correspondence

Eircode:

Contact Telephone No.

Please check that your details above

I understand the information give
I consent to take part in CervicalCheck

Client's Signature: _____

CervicalCheck does not accept third party consent.

Ensure that the woman's consent is recorded here (signature, witnessed mark, verbal with note of doctor / nurse).
Samples submitted with forms without consent will not be processed.

Doctor / Nurse

Doctor / Nurse name:
Practice / Clinic:
Address:

Clearly write the name of the doctor / nurse who took the test and the practice / clinic address.

Write the MCRN / NMBI number here.

Doctor / Nurse ID:
(MCRN or NMBI No.)

Telephone No.:

Document the CRD/CLIN code here. This determines where results are sent.

Clinically Responsible Doctor ID or Clinic ID:
(MCRN)

Day Month Year

e of Test

Day Month Year

vant Clinical Details (please tick as appropriate)

Tick only clinically appropriate boxes.

Hormones/HRT ☐ IUCD ☐ Post Menopausal ☐

Vaccinated ☐ Post Colposcopy Smear ☐ Sub-total / Total Hysterectomy ☐

Pre/Post Transplant ☐ Dialysis ☐ DES ☐ CD4i ☐

Post-coital bleeding ☐ Post-menopausal bleeding ☐ Suspicious Cervix* ☐

*Ticking this box will result in refer to colposcopy recommendation

Sample Site: Cervix ☐ Vault (post total hysterectomy) ☐

Where the cervix is present, the s eartaker must visualise the entire cervix a ple it correctly with 5 x 360° rotations o sampler. Submission of the sample is ation that this has been done

Identify the sample site

Ensure 'Suspicious Cervix' is only marked when clinically indicated upon examination.

Screening History

Lab Name		result

	Date	Procedure	Result

LABORATORY USE ONLY

Date Received in Laboratory — Day Month Year

Accession Specimen Number:

Barcode

Final Report

Management Recommended

1° 2°

Path

Date Reported — Day Month Year

Signature — Day Month Year