

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:**

**PPS number:**

**Surname at birth:**

**Mother’s maiden name:**

For reference:

*Cervical Screening Results and Management Recommendation Guide.*

*CS/PUB/ST-39 Cervical or Vault Screening Post Hysterectomy flow chart.*

*CS/PUB/ST-44 CervicalCheck Clinical Guidance Note: Cervical Screening post Hysterectomy.*

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:

*Doctor’s stamp*

Date:

CS/F/REG-42 Rev 8

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