



Opt-out

(to stop taking part in CervicalCheck)

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

Name (BLOCK LETTERS): _____

Address (BLOCK LETTERS): _____

DOB (dd/mm/yyyy)

PPS No. (if known)

CSP ID (if known)

It's important to take time to consider this decision carefully. If you've had abnormal screening results in the past, attended a colposcopy clinic, or received treatment following cervical screening, we advise discussing your options with your GP (family doctor).

By signing this form you are telling us that you:

- Have considered your cervical screening needs and do not wish to continue taking part in CervicalCheck – our free national cervical screening programme.
- Understand that we will keep safe any personal information we have about your involvement in our CervicalCheck programme, following the HSE's rules on how long records are stored. You can find out more about the HSE's record retention policy at www.hse.ie/eng/gdpr.
- Are aware that we will not send you another cervical screening invitation unless you decide to take part in CervicalCheck in the future.

Signed: _____

Date (dd/mm/yyyy)

Note: You should use this form only if you want to stop taking part in free cervical screening with CervicalCheck.