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

CervicalCheck
THE NATIONAL CERVICAL SCREENING PROGRAMME

Opt-off by Woman

(to cease participation in CervicalCheck)

Name (BLOCK LETTERS): ……..

Address (BLOCK LETTERS): DOB (dd/mm/yyyy) |__|__|__|__|__|__|__|__|__|__|

……

…… PPS No. (if known) |__|__|__|__|__|__|__|__|__|

……

…… CSP ID (if known) |__|__|__|__|__|__|__|__|__|__|

I have considered my cervical screening needs and advise that I do not wish to continue participation in CervicalCheck – The National Cervical Screening Programme.

I am aware that I will not receive any further correspondence from CervicalCheck.

Signed: _____

Date (dd/mm/yyyy) |__|__|__|__|__|__|__|__|

Note: This form should only be used if you do not wish to continue participation in CervicalCheck. If you have had an abnormal smear test result, and/or a recommendation for follow-up following cervical screening, or if you have never had cervical screening, then you should consult with your medical practitioner.