



Cervical Screening informed withdrawal from programme form

Date _____ NHS No _____
 Name _____ Date of Birth _____
 Address _____ Postcode _____

Dear

Women aged 25-64 are invited for cervical screening examinations at least every five years. Cervical cancer can be significantly reduced by routine cervical smears.

I understand that you do not wish to be invited for future cervical smears for which you are eligible as part of the NHS cervical screening programme. I enclose for your information a leaflet explaining the benefits for cervical screening and the risks of non participation. If you are still unsure as to the risks and benefits and require further information, please do not hesitate to contact either your general practitioner or the screening programme manager for further information.

In order to allow us to remove your name from the list of eligible women, your written instructions are needed to ensure that there is no misunderstanding. I would be grateful therefore if you could sign and return the lower portion of this letter confirming that you wish to have your name removed and receive no further information.

We would be pleased to restore your name to the list at any time should you wish, and you may also be screened at any time on request by contacting your GP directly.

You may wish to retain this letter for future reference.

Yours sincerely

Screening Team

To: Enfield and Haringey Primary Care Trust

Please do not send me any further invitations to participate in the NHS Cervical Screening Programme. I assume full responsibility for this decision and confirm that I have read and understood the statement about the risks and benefits and the importance of screening in reducing cervical cancer deaths.

I understand that I can be restored to the list of eligible women at any time at my request to my general practitioner.

Name _____ NHS No _____
 Address _____ Date of Birth _____
 Postcode _____
 Signed _____ Date _____

