

## Informed consent for withdrawal from the Cervical Screening Programme

This form should be used only if you wish to permanently withdraw from the NHS Cervical Screening Programme.

To remove your name from the list of women invited for cervical screening, you need to sign and return this form to confirm that you do not wish to receive any future invitations or any further information about the NHS Cervical Screening Programme.

If you wish only to delay your next cervical screening test, then do NOT use this form. You can delay your next test by contacting your General Practitioner (GP) who will be able to advise you.

Please read the leaflet 'NHS cervical screening: helping you decide' that explains the benefits and disadvantages of cervical screening and the importance of screening in reducing deaths from cervical cancer. The risk of developing cervical cancer can be significantly reduced by having regular screening. If you need further information, please do not hesitate to contact your GP.

CSAS will send you written confirmation when your name has been removed from the screening list. If you change your mind after you have sent this form to the NHS Cervical Screening Administration Service (CSAS), please contact your GP who can ask for your name to be put back on the screening list.

## Declaration

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 understood the leaflet on cervical screening which explains the benefits and disadvantages of cervical screening and the importance of screening in preventing cervical cancer and reducing deaths from it.

I understand that my name can be restored to the screening list at any time at my request to my General Practitioner.

Signature:

NAME (printed): Full Name

DATE: Short date letter merged

NHS Number: NHS Number

DATE OF BIRTH: Date of Birth

ADDRESS: Home Full Address (single line)

POST CODE: Home Address Postcode

## Next Steps

We recommend you keep a copy of this form (e.g. photocopy or photograph).

Please give this form to your GP who will keep a copy in your medical record and send a copy to us.

If you have not received written confirmation that we have received your form within 2 weeks, then please contact your GP.

Next steps for Practices: Once completed and signed, please upload this form via the CSAS website. You should use the online enquiry form on the 'Contact Us' page and select the 'Cease' option. Keep the original copy in your files.