

National Health Service Cervical Screening Programme

DISCLAIMER LETTER – PART A

To The Screening Manager - Leeds
Primary Care Support England
PO Box 350
Darlington, DL1 9QN

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 the NHS Leaflet 'Helping you Decide' explaining the benefits of cervical screening.

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

Signature:	
Date:	
Name:	
Address:	
Date of Birth:	
NHS Number:	

DISCLAIMER LETTER – PART B

I hereby authorise the removal of this patient's name from the list of women to be invited for regular smear tests as part of the NHS Cervical Screening Programme.

Signature:	
Date:	
Name/Practice Stamp:	

PLEASE SEND THIS FORM TO:

The Screening Manager, Primary Care Support England, PO Box 350, Darlington, DL1 9QN
Or by email to PCSE.screening-leeds@nhs.net