

## 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 participants invited for cervical screening, you need to sign and return this form to confirm that you do not wish to receive any future invitations from 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.

<b>Declaration:</b>			
<p>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.</p> <p>I understand that my name can be restored to the screening list at any time at my request to my General Practitioner.</p>			
<b>Participant Signature*</b>			
<b>Wet Signature Only</b>			
<b>Participant Full Name*</b>	Click here to enter text.	<b>Date*</b>	Click to Enter a date.
<b>Participant NHS Number*</b>	Click here to enter text.		
<b>Participant Date of Birth*</b>	Click here to enter a date.		
<b>Participant Address*</b>	Click here to enter text.		

**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 or you can submit the form directly via [CSAS Home Page](#) and select 'self cease' option.

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

**Next Steps for Practice:** 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 'Cease' option. Keep the original copy in your files.

*Please note that fields marked with an asterisk (\*) are mandatory*