

**The completed form is to be returned to**

CervicalCheck – The National Cervical  
Screening Programme  
Freepost LK407 Limerick

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

CSP ID: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Request to no longer participate in CervicalCheck – the National Cervical Screening Programme**

The benefits of participating in CervicalCheck:

- Invitation to have regular free CervicalCheck tests
- Letter advising when your results are available from your smearer
- Free follow up investigation and treatment if required at the colposcopy service
- Reduce your risk of cervical cancer

If you no longer wish to participate in CervicalCheck, please sign this form and return it to the Freepost address below.

\_\_\_\_\_

I no longer wish to participate in CervicalCheck – the National Cervical Screening Programme.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_