

Cervical Screening Programme Deferral

This form should be used if a patient's next test is to be postponed. The reason for postponement and new deferral date must be specified.

The patient will be invited for screening approximately 5-6 weeks before the end of the deferral period.

Patient Name	
Patient NHS Number	
Patient Date of Birth	
Patient Address	

Please defer until (DDMMYYYY) (maximum 18 months)	
--	--

Deferral reason	<div style="margin-bottom: 10px;"><input type="checkbox"/> Recent test – Please provide a copy of the test result with this form</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Currently pregnant</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Under treatment relevant to screening</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Under the care of colposcopy</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Patient's request to defer</div>
-----------------	---

DOCTOR / NURSE signature: _____

NAME (printed): _____ DATE: _____

PRACTICE NAME: _____ GP NATIONAL CODE: _____

PRACTICE ADDRESS: _____

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