CervicalCheck
AN CLÁR NÁISIÚNTA SCAGTHÁSTÁLA CEIRBHEACS
THE NATIONAL CERVICAL SCREENING PROGRAMME

Cervical Screening Form

Vial Number:

Incomplete forms may be returned.
Please verify with the client that all details on the form are correct.
Once verified please remove the vial number label from the sample vial and attach to the form.

A. Client's Details

Personal Public Service Number (Number / Letters)

CSP ID

Hospital Number (if applicable)

Date of Birth (Day / Month / Year)

Surname Use BLOCK CAPITALS

First Name

Middle Name

Surname at Birth

Mother's Maiden Name

Full Postal Address (The result letter will be sent to this address)

Eircode:

Contact Telephone No.

B. Consent

I have checked that all of my details above are correct.
I have read and understood the information given to me.
I consent to take part in CervicalCheck.

Client's Signature: _____

CervicalCheck does not accept third party consent for a client unless a family member or carer have specific legal authority to do so.

C. Details of Contracted Doctor or Contracted Clinic

Medical Council Registration Number of contracted doctor:

OR

Clinic code:
(CLIN COLP GYN PPCC STI or ONC)

Contracted Doctor or Clinic's Name:

Address:

Telephone No.

D. Sampletaker's details

MCRN or NMBI

Sampletaker's name:

E. Cervical Screening Test Information

Date of Test (Day / Month / Year)

Sample site

☐ Cervix ☐ Vault (post total hysterectomy)

Where the cervix is present, the sampletaker must visualise the entire cervix and sample it correctly with 5 x 360° rotations of the broom/brush. Submission of the sample is confirmation that this has been done.

F. Relevant clinical details

LMP (Day / Month / Year)

☐ OCP/Hormones/HRT
☐ IUCD
☐ Post-menopausal
☐ Pre/Post Transplant
☐ Dialysis
☐ HIV Positive
☐ Post-coital bleeding
☐ Post-menopausal bleeding
☐ Sub-total Hysterectomy
☐ Total Hysterectomy

G. Screening and Treatment History

LABORATORY USE ONLY

Date Received in Laboratory (Day / Month / Year)

Accession number

1°

2°

TZ Cells Yes ☐ No ☐

Path

Management recommendation

Date Reported

Signature

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