

## Hysterectomy Data Collection form

Dear Doctor,

In order to avoid inappropriate correspondence with women who have had total abdominal hysterectomies and who do not require future cervical screening, please complete and return the form below if CervicalCheck should cease correspondence with the identified woman.

**Woman's name:** \_\_\_\_\_

**Woman's address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of birth:**     |\_|\_|   |\_|\_|   |\_|\_|\_|\_|\_|

**PPS number:**     |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

**Surname at birth:** \_\_\_\_\_

**Mother's maiden name:** \_\_\_\_\_

For reference:

- ▶ *Cervical Screening Management Recommendations Explanatory Guide* for information on cervical screening for women post-hysterectomy
- ▶ *Guidance Note 11 – Cervical screening post total hysterectomy.*

These publications are available on the CervicalCheck web site ([Information for Health professionals](#)).

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I wish to confirm that the woman identified above does not require cervical screening in the future as she has had a total hysterectomy.

Doctor's signature: \_\_\_\_\_

Doctor's MCRN:     |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

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

<i>Doctor's stamp</i>
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The completed form should be returned to:

**CervicalCheck, Freepost LK407, Limerick**