

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)	
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Deferral reason	<ul style="list-style-type: none"><input type="checkbox"/> Recent test – Please provide a copy of the test result with this form<input type="checkbox"/> Currently pregnant<input type="checkbox"/> Under treatment relevant to screening<input type="checkbox"/> Under the care of colposcopy<input type="checkbox"/> Patient's request to defer
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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 CSAS website. You should use the online enquiry form on the 'Contact Us' page and select the 'Defer' option. Keep the original copy in your files.