## Information Sheet for Women



CervicalCheck – The National Cervical Screening Programme invites women for free smear tests. This information sheet explains why you need to give your consent to be part of the CervicalCheck programme.

#### Why do you need to give your consent?

Giving your consent means you allow CervicalCheck to receive, hold and use your personal details and information about your smear test sample. This information may include past smear tests and colposcopy results.

CervicalCheck will share this information with the doctor or nurse who took your smear test (your smeartaker), laboratory staff, the colposcopy clinic and the National Cancer Registry.

#### Where will my information be stored?

It will be stored on the Cervical Screening Register (CSR), a secure database that lists the name, address, date of birth and Personal Public Service Number (PPS No.) of each woman who is part of the CervicalCheck programme. For confidentiality, each woman also has a unique identification number, known as the Cervical Screening Programme ID (CSP ID).

The CSR records the results of your cervical smear tests and any related procedures and laboratory results. Your personal health information is stored in line with data protection legislation.

#### How will my information be used?

CervicalCheck will use your information on the CSR to invite you for your free smear test. We will also include your information to compile figures and reports to help us find out how well the programme is working.

CervicalCheck, your smeartaker, the laboratory and/or the colposcopy clinic may use your information to tell you if you need any follow-up treatment and when to have your next smear test.

CervicalCheck may use your information to invite you to take part in research. It is your choice to take part or not.

The slide of your smear test may be used in teaching and in reviewing smeartaking to ensure the quality of the programme.

Your name will never be included in any reports, teaching or reviews.

#### How do I give consent?

You need to sign or make a witnessed mark on the cervical cytology form the first time you have a smear test. If you have already had a CervicalCheck smear test, just tell your smeartaker. You don't need to sign again.

#### Information about smear tests and results

#### What is a cervical smear test?

A smear test, also known as a pap test, involves a doctor or nurse (smeartaker) taking a sample of cells from your cervix (the neck of your womb) to look for early changes. The earlier cell changes are found, the easier they are to treat. If changes are not found and treated, they could become cancer cells.

#### Limitations of a cervical smear test

As with all screening tests, cervical smear tests may not always be 100% accurate. There is a risk that a smear test will not pick up cell changes. This is why it is important to have smear tests regularly. CervicalCheck will tell you when your next smear test is due.

#### Human papilloma virus (HPV) testing

Sometimes your smear test can show minor cell changes. If your smear test has these changes, a further test which looks for some types of HPV will be done. This will help to advise you what to do next.

#### How do I get my result?

You can get the result of your test from your smeartaker. CervicalCheck will send you a letter about your results within four weeks of your smear test.

#### I'm afraid of what the result might mean...

Most smear test results are normal. Even a result that is not normal is unlikely to mean you have cancer – it may be due to minor cell changes. Try not to worry if you are called back for another test.

Please make sure that your personal details are correct. You can take this information sheet home with you. If you have any questions, please contact CervicalCheck on Freephone 1800 45 45 55 or at info@cervicalcheck.ie or visit www.cervicalcheck.ie.



### Cervical Cytology Form



Vial Number:

#### Incomplete forms may be returned.

in Laboratory

Specimen Number:

No

Accession

Barcode TZ Cells

Final Report

Please verify with the woman that all her details on the form are correct.

Once verified please remove the vial number label from the sample vial and attach to the form.

	Woman's Details	Doctor / Sm	eartaker		
Personal Public Service Number	Numbers Letters	Smeartaker Name: Address:			
Hospital Number					
(if applicable)  Date of Birth	Day Month Year				
Surname <i>Use BLOC</i>	K CAPITALS when filling in your details		(/\	Smeartaker ID:  MCRN or An Bord Altranais No.)	
		Tel	ephone No.:		
First Name		Clinic (MCRN)		octor ID or Clinic ID:	
Middle Name				PCRS / GMS No.	
		-	Day Month	Vene	Day Month Year
Surname at Birth		Date of Smear	Day Month	Year	Day Month Year
		Relevant Clinical D	etails (please tick	as appropriate)	
Mother's Maiden Na	ате	OCP/Hormones/HF		Post Menopausa	al
		HPV Vaccinated			b-total / Total Hysterectomy
Postal Address for C	Correspondence	Pre/Post Transplan	t Dialysis	DES CD4	
		*Ticking this box will result in refer to colposcopy recommendation			
		Sample Site: Cerv			
		Where the cervix is correctly with 5 x 30 this has been done.	present, the smear 60° rotations of the	taker must visualise tl sampler. Submission	ne entire cervix and sample it of the sample is confirmation that
		Smear History			
Contact Telephone N	0.	Lab Name		Test Date	Result
I understand the I consent to take	information given to me part in CervicalCheck				
Previous Consent:	Yes No	Treatment History			
or if no prior consent		Clinic Name	Date	Procedure	Result
Woman's Signature					
CervicalCheck does r	not accept third party consent.				
		LABORATORY US	SE ONLY		
Date Received	Day Month Year	Mana	gement Recommer	nded	

# Management Recommended 1º 2º Path Date Reported Day Month Year Signature Day Month Year