

Information Sheet for Women

Cervical screening

What is cervical screening?

Cervical screening involves inviting women for a cervical screening test. This test looks for changes in the cells of the cervix (neck of the womb) and aims to identify these changes before they develop into cervical cancer (pre-cancerous changes). It is not a test for cervical cancer. Cervical cells change slowly and take many years to develop into cancer cells.

Cervical screening is for women without symptoms.

What are the benefits of cervical screening?

Cervical screening can reduce the number of cervical cancers over time. A cervical screening test can detect early changes in the cells of your cervix, before you notice any symptoms. Treating these early cell changes helps to prevent the development of cervical cancer. The earlier abnormal cell changes are found, the easier they are to treat.

What are the limitations of cervical screening?

Cervical screening will not prevent all cases of cervical cancer. Cervical screening tests, like other screening tests, are not 100% accurate.

A result may be negative even though there are changes to the cells of the cervix (this is called a false negative). This is why it is important to have regular tests and to consult your doctor if you experience any symptoms.

A result may be positive even though there are no changes in the cells of the cervix (this is called a false positive). If your result is positive, you will be offered a more detailed investigation called a colposcopy. Some women may be treated for abnormalities that may have cleared up on their own.

Why should you have cervical screening tests?

Regular cervical screening helps to reduce your risk of developing cervical cancer.

A screening programme like CervicalCheck could reduce the number of cases of cervical cancer by as much as 80% over time.

How is a cervical screening test taken?

A doctor or nurse takes a sample of cells from your cervix. It may be slightly uncomfortable but should not be painful. It only takes a few minutes.

This sample is sent to the laboratory to be examined under a microscope for cell changes. Depending on the result, the laboratory may also test your sample for HPV infection. HPV is a common infection usually spread by skin-to-skin contact during sexual activity. There are many types and some can cause changes in cervical cells.

Most smear tests results are normal. Even if the result is not normal, it is unlikely to mean you have cancer.

Consent

Giving your consent

You must give your consent to take part in the CervicalCheck screening programme. Your consent is needed to:

- show you have been told about cervical screening and that you understand its benefits and limitations; and
- allow CervicalCheck to take, store and share your personal details and cervical screening history with those who deliver the screening programme.

Your cervical screening history relates to your taking part in CervicalCheck. It can include smear and HPV test results, colposcopy attendances, treatments and biopsy results.

How do you give consent?

At your cervical screening appointment, you will be asked to sign a Cervical Screening Form. If you cannot sign the form, you will be asked to give your consent either verbally or by making a mark on the form in front of a doctor or nurse.

Only you can give your consent to take part in the programme. We will not accept consent by someone else on your behalf.

How will CervicalCheck use my information?

We will use your information to:

- invite you for a free screening test when your next test is due;
- send you a letter when your results are available; and
- advise you what to do next.

We will share your screening history with laboratories, colposcopy clinics and, where applicable, the National Cancer Registry so that they have an accurate record of your screening history.

We may use your screening test slide in teaching and in checking the quality of the CervicalCheck programme. We may also use your information to invite you to take part in research. It is your choice to take part or not. We will never include your name in any reports, teaching or reviews.

Please check that your details are correct before signing the consent form.

Freephone: 1800 45 45 55

Email: info@cervicalcheck.ie

Website: www.cervicalcheck.ie

Cervical Screening Form

Incomplete forms may be returned.

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.

Vial Number:

Woman's Details

Personal Public Service Number Numbers | Letters

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CSP ID

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Hospital Number (if applicable)

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Date of Birth

Day	Month	Year	

Surname *Use BLOCK CAPITALS when filling in your details*

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First Name

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Middle Name

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Surname at Birth

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Mother's Maiden Name

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Postal Address for Correspondence

Contact Telephone No.

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Please check that your details above are correct

**I understand the information given to me
I consent to take part in CervicalCheck**

Woman's Signature: _____

CervicalCheck does not accept third party consent.

Doctor / Nurse

Doctor / Nurse name:

Practice / Clinic:

Address:

Doctor / Nurse ID: (MCRN or NMBI No.)

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Telephone No.:

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Clinically Responsible Doctor ID or Clinic ID: (MCRN)

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PCRS / GMS No.

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Date of Test Day | Month | Year

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LMP Day | Month | Year

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Relevant Clinical Details *(please tick as appropriate)*

OCP/Hormones/HRT IUCD Post Menopausal

HPV Vaccinated Post Colposcopy Smear Sub-total / Total Hysterectomy

Pre/Post Transplant Dialysis DES CD4i

Post-coital bleeding Post-menopausal bleeding Suspicious Cervix*

*Ticking this box will result in refer to colposcopy recommendation

Sample Site: Cervix Vault (post total hysterectomy)

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

Screening History

Lab Name	Test Date	Cytology result	HPV result

Treatment History

Clinic Name	Date	Procedure	Result

LABORATORY USE ONLY

Date Received in Laboratory Day | Month | Year

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Accession Specimen Number:

Barcode

TZ Cells Yes No

Final Report

Management Recommended

1° 2°

Path

Date Reported Day | Month | Year

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Signature Day | Month | Year

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