



Document number: CS-ADM-FOR-005.QE

Version:2.1

SoTW Cervical Screening Tracking Form

Practice name	Date	Time:	
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<p>Complete below:</p> <p>Unit/NHS No <input type="text"/></p> <p>Surname <input type="text"/></p> <p>Forename <input type="text"/></p> <p>Date of Birth <input type="text"/></p>	<p>Complete below:</p> <p>Unit/NHS No <input type="text"/></p> <p>Surname <input type="text"/></p> <p>Forename <input type="text"/></p> <p>Date of Birth <input type="text"/></p>	<p>Complete below:</p> <p>Unit/NHS No <input type="text"/></p> <p>Surname <input type="text"/></p> <p>Forename <input type="text"/></p> <p>Date of Birth <input type="text"/></p>
<p>Complete below:</p> <p>Unit/NHS No <input type="text"/></p> <p>Surname <input type="text"/></p> <p>Forename <input type="text"/></p> <p>Date of Birth <input type="text"/></p>	<p>Complete below:</p> <p>Unit/NHS No <input type="text"/></p> <p>Surname <input type="text"/></p> <p>Forename <input type="text"/></p> <p>Date of Birth <input type="text"/></p>	<p>Complete below:</p> <p>Unit/NHS No <input type="text"/></p> <p>Surname <input type="text"/></p> <p>Forename <input type="text"/></p> <p>Date of Birth <input type="text"/></p>

Total number of samples sent	Pink bag / box Packed by:	Print name: <i>Practice/Clinic staff</i>	Print name: <i>Courier</i>
		Signature:	Signature:

ZERO TOLERANCE – Samples that do not meet the National Acceptance policy will be rejected

PROCESS – Key points:

- Positively identify the patient
- Remember to complete the request in the presence of the patient
- Observe the National Acceptance policy when taking the sample
- Confirm the details with the patient including current address
- Ensure the sample container is labelled and in date.
- Seal the specimen in front of the patient
- Send to the laboratory promptly

Any problems please contact the laboratory on:

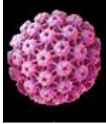
0800 9537610

or

ghnt.nycervicalscreeningcentre@nhs.net

For Laboratory use only:

Total number of samples received	Pink bag/box unpacked by:	Print name:
		Signature:
Comments:		



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Please check the acceptance criteria below:	Tick
<p>Is the patient over 24.5 years and under 65 years of age? (Samples accepted if from a woman who is unscreened, missed last invitation at 60 or is in follow up for previous abnormal)</p>	
<p>Is the patient's routine recall sample due within the next 3 months?</p>	
<p>If this is a repeat sample following a previous inadequate test is it more than 3 months from the last test?</p>	
<p>If this test is being taken on a patient that has had an unreliable HPV test is it more than 3 months from the last test ?</p>	
<p>Have you checked that the samples vial is in date and has at least 14 days left before its expiry?</p>	
<p>Have you used your own unique sample taker PIN registered with the CSTD?</p>	
<p>Is the sample and the request form labelled correctly? – do they match?</p> <ul style="list-style-type: none"> ✓ Patients full name plus 2 additional identifiers. ✓ Ideally the NHS number and Date of Birth ✓ Full relevant history 	
<p>The following will NOT be accepted:</p> <ul style="list-style-type: none"> ✓ Samples taken at an inappropriate period after a negative HPV test or inappropriately taken at colposcopy contrary to NHSCSP HPV testing implementation guidance ✓ Samples in poor condition (insufficient fluid, SurePath© samples, ThinPrep© samples with broom) ✓ Vault samples from women with total hysterectomy for non-cervical malignancy or benign conditions 	