

## APPENDIX 6 - Template letters for people wishing to withdraw from a screening programme

### Form A: Breast screening

#### PRACTICE HEADED PAPER

Dear

Women aged 50 to 70 are invited for breast screening every three years. The risk of dying from breast cancer can be significantly reduced by having regular screening.

I understand that you do not wish the NHS Breast Screening Programme to invite you for future screening tests. I enclose the leaflet *Breast Screening: The Facts*, which explains the benefits and disadvantages of breast screening, and the importance of screening in reducing deaths from breast cancer. If you need further information please do not hesitate to contact the practice, or your local breast screening unit.

We need your written instruction to remove your name from the list of women invited for breast screening. I would be grateful, therefore, if you could **sign and return** the lower part of this letter to confirm that you do not wish to receive any future invitations to be screened for breast cancer or any further information about the NHS Breast Screening Programme.

We will send you written confirmation when your name has been removed from the screening list.

If you wish to restore your name to the screening list at any time, please contact the practice or local screening unit.

You may wish to keep the top part of this letter for future reference.

Yours sincerely,

Dr  
GP

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To: **PRACTICE ADDRESS**

Please do not send me any further invitations to participate in the NHS Breast Screening Programme.

I assume full responsibility for this decision and confirm that I have understood the leaflet *Breast Screening: The Facts* which explains the benefits and disadvantages of breast screening and the importance of screening in reducing deaths from breast cancer.

I understand that my name can be restored to the screening list at any time at my request to my GP or local screening unit.

Name:

Address:

NHS No.: Date of birth:

Signed: Dated:

[Name]

[Address 1]

[Address 2][Postcode]

[Screening number]

**Form B: Cervical screening**

**PRACTICE HEADED PAPER**

Dear

Women aged 25 to 49 are invited for cervical screening every three years, and women aged 50 to 64 are invited every five years. The risk of developing cervical cancer can be significantly reduced by having regular screening.

I understand that you do not wish the NHS Cervical Screening programme to invite you for future screening tests. I enclose the leaflet *Cervical Screening: The Facts* which explains the benefits and disadvantages of cervical screening, and the importance of screening in reducing deaths from cervical cancer. If you need further information please do not hesitate to contact the practice.

We need your written instruction to remove your name from the list of women invited for cervical screening. I would be grateful, therefore, if you could **sign and return** the lower part of this letter to confirm that you do not wish to receive any future invitations to be screened for cervical cancer or any further information about the NHS Cervical Screening Programme.

We will send you written confirmation when your name has been removed from the screening list.

If you wish to restore your name to the screening list at any time, please contact the surgery.

You may wish to keep the top part of this letter for future reference.

Yours sincerely,

Dr  
GP

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To: **PRACTICE ADDRESS**

Please do not send me any further invitations to participate in the NHS Cervical Screening Programme.

I assume full responsibility for this decision and confirm that I have understood the leaflet *Cervical Screening: The Facts* which explains the benefits and disadvantages of cervical screening and the importance of screening in preventing cervical cancer and reducing deaths from it.

I understand that my name can be restored to the screening list at any time at my request to my GP.

Name:

Address:

NHS No.:

Date of birth:

Signed: Dated:

[Name]

[Address 1]

[Address 2]

[Town], [Postcode]

[Screening number]

**Form C: Bowel cancer screening**

**PRACTICE HEADED PAPER**

Dear

Men and women aged 60 to 69 are invited to carry out a bowel cancer screening test every two years.

The risk of dying from bowel cancer can be significantly reduced by having regular screening.

I understand that you do not wish the NHS Bowel Cancer Screening Programme to invite you for future bowel cancer screening tests. I enclose the leaflet *Bowel Cancer Screening: The Facts* which explains the benefits and disadvantages of bowel cancer screening, and the importance of screening in reducing deaths from bowel cancer.

If you need further information please do not hesitate to contact the practice, or the screening programme using the telephone number in the enclosed leaflet.

We need your written instruction to remove your name from the list of people invited for bowel cancer screening.

I would be grateful, therefore, if you could **sign and return** the lower part of this letter to confirm that you do not wish to receive any future invitations to be screened for bowel cancer or any further information about the NHS Bowel Cancer Screening Programme.

We will send you written confirmation when your name has been removed from the screening list. If you wish to restore your name to the screening list at any time, please contact the practice.

You may wish to keep the top part of this letter for future reference.

Yours sincerely,

Dr

GP

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To: **PRACTICE ADDRESS**

Please do not send me any further invitations to participate in the NHS Bowel Cancer Screening Programme.

I assume full responsibility for this decision and confirm that I have understood the leaflet *Bowel Cancer Screening: The Facts* which explains the benefits and disadvantages of bowel cancer screening and the importance of screening in reducing deaths from bowel cancer.

I understand that my name can be restored to the screening list at any time at my request to the screening programme.

Name:

Address:

NHS No.:

Date of birth:

Signed: Dated: