**Appendix 1: Colposcopy Discharge Notification Template**

Colposcopy Discharge List

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| **Colposcopy Discharge List for Follow Up in the Community** | |
| **Data to be supplied to the Call/ Recall Database** | |
| **Data supplied by (Trust Name)** |  |
| **Lead Colposcopist Name** |  |
| **List Sequential Number or Date Range** |  |

The following women have been managed in the Colposcopy clinic and can now be returned to recall in line with screening protocol. The patient’s GP has been informed of the future management of the women

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| --- | --- | --- | --- | --- | --- |
| **NHS Number** | **Surname** | **First Name** | **Date of Birth** | **Date Seen in Clinic** | **Next Test Due Date** |
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(It is good practice to copy the laboratory into this communication)

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| --- | --- |
| Colposcopist Signature |  |
| Date |  |