

**BEST INTEREST FORM**  
TO BE USED FOR WOMEN WHO DO NOT HAVE CAPACITY TO MAKE A  
DECISION ABOUT DEFERMENT

**CERVICAL CYTOLOGY SCREENING TEST DELAY/AMEND  
DEFERMENT**

To: NHS SBS Call Recall Office – Screening Manager

Name:  Date of Birth:  Address:   NHS No.  GP.
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**In line with the Mental Capacity Act 2005, I confirm that a Best Interest discussion took place on: .....to discuss the patient named above having a cervical cytology screening test. It has been agreed during the meeting that the patient should be delayed for:**

3 years – Between the ages of 25 – 49

5 years – Between the ages of 50 – 64

The person has been delayed for the following reason:

We are aware this decision can be reviewed at any time during the period of deferment .We understand that ..... can attend at any time for a cervical cytology screening test.

**Carer/Representative:**

Name (Print):----- Signature:-----

Date: -----

**Doctor/Nurse:**

I have explained the benefits of the cervical cytology screening test for this patient.

Name (Print):-----Signature:-----

Date: -----

**A copy of this form must be given to the patient or carer/representative for their own records**