

**Appendix B Sample rejection letter**

**Directorate of Laboratory Medicine**

Manchester Cytology Centre  
 Clinical Sciences Centre  
 Manchester Royal Infirmary  
 Oxford Road  
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Main Office: 0161 276 5111  
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Date:

FAO:

**REJECTED REQUEST FOR CERVICAL SCREENING**

Dear Doctor/Nurse

We cannot accept the recently submitted cervical screening request for the reasons indicated below.

- |  |  |
|--|--|
| <input type="checkbox"/> Unlabelled vial                                   | <input type="checkbox"/> Sample in poor condition (wrong container)        |
| <input type="checkbox"/> Mismatch between form & vial ( <i>see below</i> ) | <input type="checkbox"/> Vault sample taken in primary care                |
| <input type="checkbox"/> Previous inadequate result, repeated too soon     | <input type="checkbox"/> Previous unreliable HPV test, repeated too soon   |
| <input type="checkbox"/> Out of date vial used                             | <input type="checkbox"/> Sample from woman uninvited over 65 yrs           |
| <input type="checkbox"/> Missing request form/vial                         | <input type="checkbox"/> Sample from uninvited woman under 24 yrs 6 months |
| <input type="checkbox"/> No/insufficient fluid in vial                     | <input type="checkbox"/> Sample taken more than 6 months ahead of schedule |
| <input type="checkbox"/> Patient identity is uncertain                     |  |

A report will not be issued by the laboratory and it is the sample taker's responsibility to inform the woman of this situation and, if required, to arrange a repeat test in NOT LESS than 3 months after the last sample was taken.

- A repeat test is required and should be taken after <INSERT DATE>

IMPORTANT: do not repeat the test immediately as the cervical epithelium needs time to regenerate and the test result may be unreliable

- A REPEAT SAMPLE IS NOT REQUIRED

Yours sincerely,

Clinical Lead/Consultant Cytopathologist

**Details on request form**

Date of sample	
Sample taker	
Source address	
Name on form	
Other patient identifiers	

**Details on vial**

Name on Vial	
Other Patient Identifiers	