

Review of London Cervical Sample Takers



Please can you record in the table below the details of all active sample takers at your practice or clinic and return the completed sheet as soon as possible to Cervical Screening London (CSL).

Name of Practice/Clinic: _____

Address of Practice/Clinic: _____

National Practice Code: _____

Name of Practice Manager/Clinic Lead: _____ Contact telephone number: _____

First name of sample taker	Last name of sample taker	Job role	London Sample Taker Database PIN used by sample taker	Date of last update course completed	Contact e-mail address

Please complete and return by e-mail to London CSTD Administrator using hsl.csl.cstd@nhs.net or send by post to:
CSTD Administrator, Cervical Screening London, Level 8, The Halo Building, 1 Mableldon Place, London, WCH1 9AX.