

Cervical Screening Study

Greetings

We recently wrote to you about a study that is looking at a new cervical screening test.

We would like to invite you to be part of the study by **having a usual smear test at your GP clinic** or another clinic.

Our records show that you are overdue for a smear test. We encourage you to have this done soon. **As part of this study, the smear test will be free at any of these places for three months:** your usual GP clinic; Well Women and Family Trust, or with the Study Nurse.

You will need to bring the signed consent form (on the back of this letter) and mention the study to the doctor or nurse.

Having a regular smear test is the best way to find changes that could lead to cervical cancer. But having the smear test is your choice. If you don't want to take part in the study or have a smear test that is OK and won't change anything about your healthcare.

If you have any questions about the study, please feel welcome to contact the Study Nurse, Jane Grant (see contact details below)

To make an appointment, please call your GP clinic.

Contact details for other smear taking clinics:

Well Women and Family Trust	Study Nurse, Jane Grant
Ph (09) 846 7886	Ph. 021 195 3439 hpvstudy@waitematadhb.govt.nz

It's really important to us to have your contact details right, so please let us know if they have changed.

Thank you

The Cervical Screening HPV Self-test Research Team

Consent form

Study reference number: _____

Research into whether women prefer self-testing for HPV instead of going to the doctor or nurse for a smear test.

Please read each statement and tick each box if you agree.

I confirm that I have read and understood the information about this research project.

I have been given enough time to consider, review and discuss this study with my whānau/family and decide whether or not to participate in this study.

My questions about the research project have been answered.

I understand that my participation in this research project is voluntary (my choice).

I understand that information collected from me will be confidential and that no material which could identify me personally will be used in any reports on this study.

I understand that the results of my smear test will be seen by the research team, by my nurse or GP, and will also be held on the National Cervical Screening Programme Register and Eclair / TestSafe.

I agree to take part in this research project.

I want to receive a copy of the summary of the results of the research project.

Yes

No

Your name

Signature

Date

Email (if you want a summary of the results) _____

Family/whānau member contact:

Name

Address or email/phone