



## Reservation against registration and receiving letters

- My cervix is surgically removed
- I do not want to receive letters with recommending screening in the future.
- I do not want to receive letters in this period from date..... until.....
- I do not consent to registration in The Cancer Registry. And I know that I then will lose the opportunity to receive the recommendation letters.
- I wish that my previous tests that are registered to be anonymous

Reservation against registration and against receiving letters can be cancelled at any time.

- I wish to participate again.

<b>Name:</b>		<b>Date of birth:</b>	
<b>Address:</b>			
<b>Postal code:</b>		<b>City:</b>	
<b>Sign:</b>			

**Please send this form to:**

Masseundersøkelsen mot livmorhalskreft  
Postboks 5313 Majorstuen  
0304 Oslo