

**Issue Form pHPV & Cytology West Midlands**

This form is to be used to raise issues relating to the e-Results for the HPV cytology screening and should be completed by the Practice Manager or Lead Practice Nurse. Please attach any screenshots to your query.

Please send completed forms to ict-hpv@nhs.net

 M- CODE………………………………………………..

Practice Manager……………………………………

Post Code………………………………………………..

Date Sample was taken……………………………

Indicate the type of system being used (Tick)

 Systmone EMIS Vision

Indicate the site being used (Tick)

 Main Site Branch

Indicate the type of results that have been received if any (Tick)

 Paper Results E-Results Neither

Any further issues/Comments

Safe & Effective | Kind & Caring | Exceeding Expectation

