



Complete and return this form with your test samples in the reply paid envelope.

For enquiries, visit the National Cancer Screening Register at www.ncsr.gov.au or call 1800 627 701.

Use black pen and **BLOCK LETTERS** in the boxes provided.

1 Name and contact details

IMPORTANT:

Ensure the information below matches your details recorded in Medicare.

Family name

Given name(s)

Postal address

Suburb/Town/City

State/Territory

Postcode

Mobile phone number

Home phone number

Email address

Updating your contact details here will not change your Medicare details. Please also keep your contact details up to date with Medicare by signing in to myGov at www.my.gov.au or calling 13 20 11.

2 Nominated doctor/medical practice details

A copy of your test result will be sent to this practice.

If you do not have a regular doctor, provide your preferred medical practice's details [or leave blank].

Doctor's family name

Doctor's given name(s)

Medical practice name

Medical practice address

Suburb/Town/City

State/Territory

Postcode

Phone number

3 When did you collect your samples?

Date first sample collected (DD/MM/YYYY) / /

Date second sample collected (DD/MM/YYYY) / /

4 Are you of Aboriginal or Torres Strait Islander origin?

No Aboriginal Torres Strait
Islander Aboriginal and
Torres Strait Islander Prefer not
to answer

5 If we need to talk to you, what is your preferred language?

What is your country of birth?

6 Privacy and your personal information

Your personal information is protected by law, including the *National Cancer Screening Register Act 2016* and the *Privacy Act 1988*. It is being collected on behalf of the Australian Government Department of Health and Aged Care for the purpose of including information about you on the National Cancer Screening Register as part of the National Bowel Cancer Screening Program.

More information is available in the 'About your privacy' section of the Program Information Booklet and at www.ncsr.gov.au/privacy.

If you would like to nominate a personal representative who can talk to the National Cancer Screening Register on your behalf, visit www.ncsr.gov.au or call 1800 627 701.

7 Acknowledgement and consent

I acknowledge that:

- I am agreeing to participate in the National Bowel Cancer Screening Program (the Program).
- I may opt out or defer my participation in the Program at any time by completing the opt out or defer form available at www.ncsr.gov.au or by calling 1800 627 701.
- the samples I have provided will be tested for the presence of blood. I understand that screening tests are not always 100% accurate (as some cancers do not bleed or only bleed on and off).
- if blood is found in a sample it is my responsibility to contact a doctor to discuss the result, the nature and risks of any further tests, and to arrange for further tests following a full clinical assessment. It is not the responsibility of the Program or its employees, agents, or anyone connected with this test to do this for me.

I consent to the Department of Health and Aged Care collecting my personal information, including my sensitive health information, for the purposes indicated in this form and in the Program Information Booklet.

Date (DD/MM/YYYY) / /

Sign here

Tick this box if you have signed this form as the participant's personal representative and have been verified by the National Cancer Screening Register.

8 My Health Record

My Health Record is an online summary of your key health information. For further information refer to www.myhealthrecord.gov.au. Tick the box below if you DO NOT want your test result sent to My Health Record.

Do not send my test results to My Health Record

9 Return this form

With your completed test samples in the reply paid envelope.

If you have already returned your samples but did not include this form, send it to:

Sonic Healthcare
Bowel Screening
Reply Paid 89305
NORTH RYDE NSW 1670