



## When to use this form

Use this form to submit patient colonoscopy and histopathology results into the National Cancer Screening Register (NCSR).

This ensures your patient's National Bowel Cancer Screening Program (NBCSP) record is up to date and that they are appropriately retained or excluded from the screening program. It also complies with *Colonoscopy Clinical Care Standard, Quality Statement 9*.

## Filling in this form

- Provide colonoscopy details in Sections 1-5.
- Provide histopathology details in Sections 6-7.
- Do not supply copies of internal clinical reports with this form.
- Fill in all mandatory fields marked with an asterisk (\*).
- If filling in hard copy, use a black or blue pen and write in BLOCK LETTERS.

## Submitting this form

<b>Electronic</b>	<p>Complete this form electronically by accessing the NCSR Healthcare Provider Portal using Provider Digital Access (PRODA) at <a href="http://www.ncsr.gov.au/hcp-portal">www.ncsr.gov.au/hcp-portal</a></p> <p>For assistance accessing the Healthcare Provider Portal, call <b>1800 627 701</b>.</p> <p>You can also book a time to receive a call back at <a href="http://www.ncsr.gov.au/support">www.ncsr.gov.au/support</a></p>
<b>Hardcopy</b>	<p><b>Return it via:</b></p> <ul style="list-style-type: none"><li>• <b>Free fax:</b> 1800 115 062</li><li>• <b>Mail to:</b> National Bowel Cancer Screening Program Reply Paid 90965 SUNSHINE VIC 3020</li></ul> <p>If you require another form, go to <a href="http://www.health.gov.au/nbcsp-hcp-forms">www.health.gov.au/nbcsp-hcp-forms</a></p>

## Privacy

In accordance with the relevant requirements of the *Privacy Act 1988 (Cth)*, patients are made aware that healthcare providers may collect and disclose their personal information to the NCSR. You are authorised to collect and disclose your patient's personal information under the *National Cancer Screening Register Act 2016*.

The NCSR is authorised to collect information about you and other healthcare providers from Services Australia and others for the purpose of verifying your identity and communicating with you. The NCSR also collects information directly from you. Your personal information may be disclosed to a range of agencies or organisations, including State and Territory Health Departments, Australian Government agencies and where you have agreed or where it is authorised or required by law or court or tribunal order.

For further information on the NCSR privacy policy, visit [www.ncsr.gov.au/privacy](http://www.ncsr.gov.au/privacy).

**1 Patient details**Patient Medicare /  
DVA number \*

Family name \*

Given name(s) \*

Date of birth \*  
(DD/MM/YYYY) / /

Private patient

Public patient

**2 Colonoscopy provider details**Name of facility /  
hospital \*Medicare provider  
number

Family name

Given name(s)

Date of procedure \*  
(DD/MM/YYYY) / /**3 Quality colonoscopy**Did the patient have a quality colonoscopy<sup>1</sup> complete to caecum? \* Yes No<sup>1</sup> The proceduralist should ensure that the colonoscopy aligns with the Colonoscopy Clinical Care Standard from the Australian Commission on Safety and Quality in Health Care:[www.safetyandquality.gov.au/standards/clinical-care-standards/colonoscopy-clinical-care-standard](http://www.safetyandquality.gov.au/standards/clinical-care-standards/colonoscopy-clinical-care-standard)**4 Colonoscopy findings**What was found at colonoscopy? *Tick ALL that apply:* \*

No neoplasia #

Polyp(s) #

1 or more polyp(s) larger  
than or equal to 10mm ^

Suspected CRC ^

Other suspected  
malignancy (non-CRC) #

Has histopathology been submitted for analysis? Yes No

**INFORMATION**

^ If 'ever-ticked', your patient will be auto-excluded from the NBCSP and assumed to be under specialist care.

# If 'only-ticked', your patient will be auto-skipped one screening round but remain in the NBCSP unless histopathology results create an exclusion (i.e. adenoma or CRC) or they opt out of the NBCSP. Examples of other suspected (non-CRC) malignancies include lymphoma, NETs, GIST, anal cancer.

If a patient did not have a quality colonoscopy to the caecum AND neoplasia, polyps or other malignancies were not detected, the NBCSP will re-invite them to screen in 2 years. This will not eventuate if the NBCSP receives confirmation that a repeat quality colonoscopy occurred or they opt out of the Program.**5 Adverse event**Was there a known adverse event as a result of the colonoscopy? Yes NoWas there a known unplanned hospitalisation within 30 days of the colonoscopy? Yes No



**As this page may become separated, repeat patient details here:**

Patient Medicare /  
DVA number \*

Family name \*

Given name(s) \*

Date of birth \*                      /                      /  
(DD/MM/YYYY)

## 6 Pathologist and laboratory details

Specimen collection  
date (DD/MM/YYYY) \*                      /                      /

Laboratory name \*

Pathologist family  
name

Pathologist given  
name(s)

## 7 Pathology findings

*Tick ALL that apply: \**

**Patient NBCSP screening pathway applied by the NCSR:**

No neoplasia Distal hyperplastic polyp	Patient will automatically skip <u>one</u> screening round. After that, the NBCSP will recommence screening invitations.
Tubular adenoma Tubulovillous/villous adenoma Sessile serrated lesion (including proximal hyperplastic polyp) Traditional serrated adenoma Adenocarcinoma	Patient will be <u>excluded</u> from the NBCSP (no longer receive NBCSP kits) as they are assumed to be under specialist care.
<b>Other non-CRC malignancy findings during colonoscopy:</b>  For example: Lymphoma, NETs, GIST, anal cancer	Patient will automatically skip <u>one</u> screening round. After that, the NBCSP will recommence screening invitations unless the patient or their doctor decide that ongoing screening isn't recommended.