



## When to use this form

Complete this report if your patient has received a positive iFOBT result through the National Bowel Cancer Screening Program (NBCSP).

Submitting this form ensures your patient’s NBCSP record is up to date and supports timely follow-up by the NBCSP along the screening pathway.

## Filling in this form

- Do not supply copies of internal clinical reports with this report.
- 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.
- **Note this form is not a referral.**

## Submitting this form

<b>Electronic</b>	<p>Complete this form electronically via your integrated clinical software or the NCSR Healthcare Provider Portal.</p> <p>For more information, visit <a href="http://www.ncsr.gov.au/hcp">www.ncsr.gov.au/hcp</a> or call <b>1800 627 701</b>.</p>
<b>Hardcopy</b>	<p>Return it via:</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 \*

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

Medicare or DVA number \*

Family name \*

Given name(s) \*

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

## 2 Provider details

Write your name and provider number OR place your stamp in the box.

Provider stamp

Medicare provider number

Family name \*

Given name \*

## 3 Assessment outcome following a positive iFOBT result \*



People with a positive iFOBT should have a follow-up investigation. The sole exception is when the sample is known to have been contaminated by menstrual blood. If that happens, the iFOBT should be repeated within six weeks. If applicable, please contact the NCSR on **1800 627 701** to arrange this.

### Referred for colonoscopy:

Private patient

Public patient

Specialist/medical facility name

Address line 1

Address line 2

Suburb/Town/City

State

Postcode

### Not referred or not progressing to colonoscopy:

Tick the reason that most applies

Recent colonoscopy (<24 months)

Significant co-morbidity / Limited life expectancy

Already undergoing surveillance

Patient declined colonoscopy

Referred for other examination (e.g. CT colonography)

Advised not to have a colonoscopy