



# Participant Details

**Please complete, sign and return this form with your completed Faecal Occult Blood Test (FOBT) samples.**  
If you have any concerns or if anything is unclear, please contact the National Bowel Cancer Screening Program Information Line on **1800 118 868** or visit the website at **www.cancerscreening.gov.au**  
**Please use a black pen and write in BLOCK LETTERS in the boxes provided.**

## 1 Name and contact details

**IMPORTANT NOTE:**

The FOBT should ONLY be completed by this person.

Your postal address **ONLY** if different to the address printed above

Address line 1

Address line 2

Suburb/Town/City

State  Postcode

Contact telephone numbers Work  Mobile

Home

Your address and contact numbers held on your Medicare record will be updated with the information you have provided.

## 2 Doctor/Medical Practice details (a copy of the results of your FOBT will be sent to this Practice)

Doctor's family name

Doctor's given name

Medical practice name

Medical practice Address line 1

Address line 2

Address line 3

Suburb/Town/City

State  Postcode  Provider number (if known)

## 3 FOBT sample details (Participants please record)

Date first sample collected (dd/mm/yyyy)  /  /

Date second sample collected  /  /

**Laboratory use**



**12 Please complete this section if you would like to authorise another person to talk to staff of the National Bowel Cancer Screening Program for you.**

This does not authorise the nominated person to change your contact details.

Person's family name

Given name

Contact telephone numbers Work

Home

Mobile

Their relationship to you

Carer

Family member

Legal guardian

Power of attorney

Other  Please specify

The person nominated above will be authorised to talk to staff of the National Bowel Cancer Screening Program on your behalf from the date this form is recorded on the Program Register. Only one person can be nominated at a time. If you wish to update these details at any time, please call the Program Information Line on 1800 118 868.

**13 Your privacy**

Your personal information is protected by law, including the *Privacy Act 1988*, and is being collected by the Australian Government Department of Human Services for the purposes of including information about you on the National Bowel Cancer Screening Register as part of the National Bowel Cancer Screening Program.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which your personal information will be managed at [www.cancerscreening.gov.au/nbcsp-privacy](http://www.cancerscreening.gov.au/nbcsp-privacy) or [www.humanservices.gov.au/privacy](http://www.humanservices.gov.au/privacy).

## 14 Acknowledgement

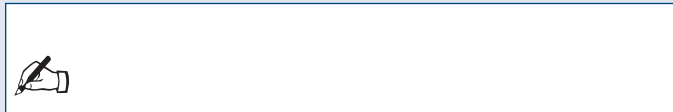
I acknowledge that:

- by completing and returning this form and/or the FOBT to the pathology laboratory I am agreeing to become a participant in the National Bowel Cancer Screening Program;
- by agreeing to participate in the National Bowel Cancer Screening Program I agree to being invited again in the future to complete FOBTs during the period I am eligible to participate except during any time I withdraw or suspend my participation;
- I may withdraw or suspend my participation in the Program at any time by completing the reply paid opt off/suspend advice notice included in the Information Booklet or by phoning the National Bowel Cancer Screening Program Information Line on 1800 118 868 (freecall);
- I have read, or had explained to me, and understand the National Bowel Cancer Screening Program Information Booklet, the Your Privacy section of this form and the FOBT instructions; and
- the FOBT samples I have provided will be tested for the presence of blood, and I understand that:
  - FOBTs are not always 100% accurate and therefore test results cannot be guaranteed (studies indicate that FOBTs detect 70–80% of cancers); and
  - if blood is found in the sample provided it is my responsibility to contact a doctor to discuss the results, 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 procedure to do this for me.

AND

I consent to the Department of Human Services collecting sensitive information such as information about my health and racial or ethnic origin for the purpose indicated in section 13 of this form, Your Privacy.

Participant's signature



Date   /   /

**Thank you for completing this form.**

## 15 Returning your form and FOBT samples

**▶▶ Please return this signed form with your completed FOBT samples in the reply paid envelope provided.**

If you have returned the FOBT samples but have not included this form, you may mail it to:

Sonic Healthcare  
Bowel Screening  
Reply Paid 89305  
NORTH RYDE NSW 1670

