

Opt off form

This form is to be used if you do not wish to participate in the program.

ID number

(you will find this on the top of your invitation letter)

Family Name

Date of Birth

 / /

Given Name(s)

Female

Male

Please provide your reason for opting off the program:

having regular colonoscopies

having regular FOBT screening

medical advice not to participate

under cancer care

privacy concerns

uncomfortable with process

not interested

other

I understand by choosing to opt off:

- I will not receive any reminder letters and will not be invited to screen in the future, unless I notify the program that I want to be involved.
- If I have opted off the program but then decide to participate by doing the program FOBT, I will be considered a participant in the program. This means my test results will be recorded on the Program Register and reminder letters will be sent to me if necessary.

Signed

Dated

 / /

Please Note: This form must be signed by the person invited to participate in the program or a third party authorised to act on their behalf. If signing on behalf of the invitee please provide your name and contact information:

Authorised third party name

Authorised third party contact numbers:

Work:

 ()

Home:

 ()

(Mobile)

Once you have completed this form, please remove it from the booklet and send it to the Program Register at the following address (no postage stamp required):

NBCSP Register
Reply Paid 83245
Canberra BC ACT 2610