



Defer My Next Screening Date Form

Use this form to defer your future screening date and reminders in the National Cancer Screening Register (NCSR) for the National Cervical Screening Program (NCSP).

Please Note: This form must be signed by the person participating (or invited to participate) in the NCSP. If you would like to make a request on another person's behalf, please call the Contact Centre.

*Indicates a mandatory field.

* Medicare Number /

* Family Name

* Given Names

* Date of Birth Day Month Year

* Address

* Suburb

* State * Postcode

Please select your main reason for deferring Cervical Screening reminders:

Medical advice to defer Living or travelling overseas

Other (please specify)

*Please select how long you wish to defer screening:

I request to defer participation in the National Cervical Screening Program (NCSP) until

Day: Month Year

Once this request has been actioned, I acknowledge:

- I can screen at any time before my deferred date and the results will be received by the NCSR and can be viewed by my authorised Healthcare Professionals.

*Signed:

* Date Day Month Year

Please send your completed form to either of the following:

- Post to **National Cervical Screening Program, Reply Paid 90964, SUNSHINE VIC 3020** (no postage stamp required), or Fax to **1800 627 702**.
- You may retract this request at any time by completing a Withdraw Request form, and by calling the Contact Centre on 1800 627 701.
- For more information about the NCSR or Cervical Screening, visit our website www.ncsr.gov.au or call 1800 627 701.