



Withdraw Request Form

Use this form to withdraw a previous request sent to 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 one or more requests you would like to withdraw:

Request to Defer Next Screening Date Request to Nominate a Healthcare Provider

Request to Opt Out Request for Pseudonym

Request to Cease Contact and Correspondence

Once this request has been actioned, I acknowledge:

- The request(s) selected will be withdrawn.

*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.