



Withdraw Request Form

NATIONAL
CERVICAL SCREENING
PROGRAM

A joint Australian, State and Territory Government Programme

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**

[illegible]

***Given Names**

*Date of Birth

Day _____ Month _____ Year _____

***Address**

***Suburb**

*State

QUESTION

* Postcode

***Please select one or more requests you would like to withdraw:**

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

☐ Request to Cease Contact and Correspondence ☐ Request for Pseudonym

Once this request has been actioned, I acknowledge:

- The request(s) selected will be withdrawn.

***Signed:**

[illegible]

*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.