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.