Australian Government

Procedure Report – Adverse Events

NATIONAL BOWELCANCER SCREENING PROGRAM

This report provides valuable information to the National Cancer Screening Register (Register) about your patient, where they are a National Bowel Cancer Screening Program (Program) participant. Your assistance is sought to ensure Program information is complete.

When to use this report

This report is to provide information to the Register where your patient is a Program participant and there has been an adverse outcome in relation to a Colonoscopy, Double Contrast Barium Enema, Flexible Sigmoidoscopy or CT Colonography, or any other relevant procedure relating to diagnostic investigation.

Instructions for using this report

Please use a black pen and write in BLOCK LETTERS in the boxes provided.

Mandatory fields are marked with an asterisk (*).

Preferred fields are marked with a plus (+).

How to lodge the report

The original copy of the report can be lodged with the Register:

via free fax to 1800 115 062; or

post to National Bowel Cancer Screening Program, Reply Paid 90965, Sunshine, VIC 3020

More information

More information about this report can be obtained by contacting the National Bowel Cancer Screening Program Contact Centre on 1800 118 868.

Participant privacy

NBCSP Participant Privacy

In accordance with the relevant requirements of the *Privacy Act 1988 (Cth)*, patients are made aware that healthcare providers may collect and disclose their personal information to the NCSR. You are authorised to collect and disclose your patient's personal information under the *National Cancer Screening Register Act 2016*.

NBCSP Practitioner Privacy

The NCSR is authorised to collect information under the *Privacy Act 1988 (Cth)* and the *National Cancer Screening Register Act 2016*. The NCSR collects information about you and other healthcare providers from the Department of Human Services and others for the purpose of verifying your identity and communicating with you.

The NCSR also collects information directly from you. Your personal information may be disclosed to a range of agencies or organisations, including State and Territory Health Departments, Australian Government agencies and where you have agreed or where it is authorised or required by law or court or tribunal order.

If you require information on the NCSR's privacy policy, please visit www.ncsr.gov.au

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Instructions for using this report

1. Mandatory fields are marked with an asterisk (*).
2. Preferred fields are marked with a plus (+).

1 Patient Details

Participant ID number

*Medicare/DVA number

*Family name

*Given name

*Date of birth (dd/mm/yyyy) / /

*Gender Male Female Other

Does the patient identify as Aboriginal or Torres Strait Islander origin? (if known)

Aboriginal | Torres Strait Islander | Aboriginal and Torres Strait Islander | Non Indigenous | Prefer not to answer

What is the patient's country of origin? (if known)

What is the patient's preferred language spoken at home? (if known)

2 *Type of Procedure

Colonoscopy | Surgery | CT colonoscopy | Double contrast barium enema | Sigmoidoscopy

3 *Adverse Outcomes

Bleeding | Infection/ sepsis | Perforation | Reaction to sedation | Death

Other (please specify)

Delayed discharge? No Yes

Unplanned hospital admission within 30 days of procedure? No Yes

Surgery required? No Yes

4 Provider details

Facility/Hospital provider number

*Name of Facility / Hospital

*Clinician/Proceduralist provider number

Provider number is preferred. If clinician/proceduralist does not have a provider number, name is mandatory.

Name of Clinician/ Proceduralist

*Date of procedure (dd/mm/yyyy) / /

Medicare billing provider number
(if known, and different from the above consulting provider)

+Contact telephone number for questions about this form

NBCSP REQ_01 1904