



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



If you would prefer to complete an electronic version of this report, go to www.cancerscreening.gov.au (please note System Requirements).



If you prefer to use a paper version of the report:

- pads of reports can be ordered by contacting the Program Information Line on 1800 118 868; or
- go to www.cancerscreening.gov.au to print a PDF version – Manual (printer friendly) Form.

When to use this report

This report is to provide information to the Program 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.

How to lodge the report

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

- via free fax to 1800 115 062; or
- post to NBCSP Register, Reply Paid 83245, Canberra BC ACT 2610.

Information payment

An information payment will be made for providing complete information on this report to the Program Register. In order to receive the payment, you must complete a *Payment Account Details for Service Provider* form to identify the bank account for receipt of payments. This form is available from the Program Information Line or the Program web site www.cancerscreening.gov.au

More information

More information about this report can be obtained by contacting the Program Information Line on **1800 118 868**.

Participant privacy

NBCSP Participant Privacy

Your patient has been made aware, in accordance with the relevant requirements of the *Privacy Act 1988* (Cth), of your collection and disclosure of their personal information to the National Bowel Cancer Screening Register when joining the Program. If you require any information about the Program's privacy policy, please contact the Program Information Line on **1800 118 868**.

NBCSP Practitioner Privacy

Any personal information you include on this form will be collected and used for the purposes of administering the National Bowel Cancer Screening Program. Your personal information on this form may be disclosed to agencies or organisations involved in the administration of the Program, including the Department of Human Services, the Department of Health, State and Territory Health Departments and the Australian Institute of Health and Welfare



Procedure Report – Adverse Events

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(s)

* Date of birth / / * Gender M F

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 / /

Provider number for payment (leave blank if paying Clinician)

+ Contact telephone number for questions about this form