

Invitation Letter

Dear Mr Person

Free test to help find bowel cancer early

New Zealand has one of the highest rates of bowel cancer in the world. Regular bowel screening can save lives by helping find cancer at an early stage, when it can often be successfully treated. There may be no warning signs you have bowel cancer.

Invitation	You are invited to take part in the free National Bowel Screening Programme. The bowel screening test is quick, clean and simple to do by yourself at home. Doctors recommend you do this test.
Who can take part?	Men and women aged 60-74 years, who live in your District Health Board area and are eligible for publicly funded healthcare, can take part in the National Bowel Screening Programme. If you have seen a doctor about bowel problems, the test may not be right for you. For more information please read page 9 of the All About Bowel Screening booklet.
What happens next?	In about two weeks' time we will send you a test kit and instructions on how to use it. Please read the booklet which is with this letter. It will help you decide if you want to do the test.
Do you have any questions?	You can call us on 0800 924 432 for free, email info@bowelscreening.health.nz , or talk to your doctor. Information is also available at www.bowelscreening.health.govt.nz , and in the All About Bowel Screening booklet.

If you **do not** want to take part in the National Bowel Screening Programme please call us on **0800 924 432**.

Yours sincerely,

Dr. Susan Parry
Clinical Director (Gastroenterologist)
National Bowel Screening Programme

More information or help?

Tagai i le tusi o Faatonuga

Lau e ki'i tohi fakahinohino ko 'eni

Onoono ke he tau fakailoaga i loto he pepa

Onoono ki fakamatalaga ite tusi tenei

請看說明手冊

설명 책자를 참고하십시오

Tirohia te pukapuka hei whakamarama

कृपया निर्दिश पुस्तिका देखें

Consent Form

PEEL HERE



NBSP Consent Form

CPE8496 Male 02 February 1950
 NHI Number Sex (male or female) Date of Birth

Diego Who'S A Good
 First Name Middle Name

Residential Address Flat 2/354 Oxford Terrace, Avalon, Lower Hutt 5011

Postal Address

GP/Doctor Dr Erica Lauder Devonport Family Medicine
 2 Fleet Street, Devonport, Auckland 0624

Write the date you did this test:

___/___/___
 Day Month Year

Please write your phone numbers and email address:

Work _____ Mob _____
 Email _____

Do you want your doctor to have your results? Yes No

Do we have the right details about you? If NOT please write them here:

Which ethnic group do you belong to?
 Tick all the boxes that apply:

NZ European Niuean
 Māori Chinese
 Samoan Indian
 Cook Island Māori Tongan
 Other (specify): _____

Surname (family name) _____ First Name/s _____
 Sex (male or female) _____ Date of Birth _____
 Residential Address: _____
 GP/Doctor Name: _____
 GP/Doctor Practice: _____

Two important things to check

- Have you written the **date** you did the test on this form?
- Have you put **one yellow sticker** on your test tube?

By returning the sample, I confirm that:

- I have read and understand the information provided to me about the National Bowel Screening Programme and agree to take part.
- I am eligible for publicly funded healthcare. I understand that if the test shows there could be a problem with my bowel I will be invited to have further free investigations as part of the Bowel Screening Programme, provided that I remain eligible.
- I understand that information will be collected about me by the National Bowel Screening Programme. Information on any assessment or treatment I may have will be collected from and disclosed to, both public and private health services as required to assist in management of my healthcare, and to monitor and evaluate the National Bowel Screening Programme.
- If the test is returned to the laboratory and this Consent Form is enclosed but incomplete, the laboratory will proceed with the test and report the results to the Programme.

Signed _____
**If you have any questions about your eligibility please call free phone 0800 924 432.*

Return this form and your test tube with the yellow barcode sticker on it in the reply paid envelope

