



ID number <Consumer ID>

<Date>

<Participant Given Name> <Participant Family Name>
<Preferred mailing address>
<Preferred mailing address>
<LOCALITY> <STATE> <POSTCODE>

Dear <Participant Given Name> <Participant Family Name>

RESULTS NOTIFICATION

Thank you for taking part in the National Bowel Cancer Screening Program and completing the test kit sent to you.

We are pleased to advise you that the result of your faecal occult blood test was negative.

This may mean that you do not need to have any further investigations at this time. However, no test is 100% accurate so if you have, or develop, any of the symptoms described in the Information Booklet that was sent to you previously, it is important that you see your doctor. Bowel cancer can develop with few, if any, early warning symptoms.

Your nominated doctor has been advised of your test result. If you did not nominate a doctor or medical clinic, please take this result to your next medical appointment so your record can be updated to include it.

The National Health and Medical Research Council guidelines for the prevention, early detection and management of colorectal cancer, recommended that you screen every two years with a faecal occult blood test.

If you have any questions about your test result or the Program, please call the National Bowel Cancer Screening Program Information Line on **1800 118 868** during business hours.

Yours sincerely

Title <Given Name> <Family Name>
Authorising Pathologist

Dorevitch Pathology