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Can delayed screening disrupt routine overuse of the prostate cancer screening test?

Developing a new model of care

EXPRESSION OF INTEREST FORM

Please complete the following form if you are happy to be contacted further about this study, and return it to the researchers by email: kristen.pickles@sydney.edu.au

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|------------------------------------|---------------|---------|---------------|----------|------------|----------|-------|
| consent to be contacted by rese | earchers from | the Uni | versity of Sy | ydney | about this | study. | |
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| Signature | | | Date | | | | |
| Please provide your contact of | details: | | | | | | |
| Preferred method of contact (pl | ease provide | one): | | | | | |
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| Preferred day to call (please tic | k): Mon | Tue | Wed | Thu | Fri | Sat | Sun |
| Preferred time to call (please tid | ck): 8-9a | ım | 9am-12pm | 1 | 12-5pm | | 5-7pm |