



<p><b>CONSENT TO HCV TESTING</b>  NAME:  DOB:  NHS NO:  Patient Contact telephone Number:  Address:  TESTING VENUE: &lt;PHARMACY ADDRESS&gt;</p>
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**Consent to be participate in the Community Pharmacy Hepatitis C Antibody Testing Service**

During today’s testing we will be offering you the opportunity to have a simple finger prick sample test to check for hepatitis C antibodies. Your test will be done by a member of the pharmacy team.

Screening is free, confidential and the sample will not be used for anything other than this test. You can be infected and still feel healthy, so it is important to test even if you feel fit and well. If you have hepatitis C, we can treat you with new medication that works in almost all cases, usually with no side effects.

Information given today will be stored on a secure testing database held by NHS England. How your information is stored and who has access to it is strictly regulated by GDPR and the UK Data Protection Act 2018, NHS protocols and a code of confidentiality that is binding on all NHS staff.

Are you happy to proceed?	Yes	No
Are you happy for your information and test results to be entered on to the Hepatitis C registry	Yes	No
Are you happy for referral to the local HCV service for follow up if your test is positive?	Yes	No
Are you happy for the result of the antibody test being shared with your GP?	Yes	No
Are you happy to be contacted by the Hepatitis C Trust in the event of a positive result?	Yes	No
Are you happy for your information to be shared with Drug & Alcohol services who may be able to offer you support?	Yes	No

Reason for declining test	
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Signature.....

Date.....

NAME OF PERSON PERFORMING TEST .....

DATE OF TEST .....

InTec Rapid Anti-HCV Test	Start time:	Finish time:	Checked by:
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RESULTS

InTec Rapid Anti-HCV Test	POSITIVE	NEGATIVE	INDETERMINATE
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Clinical record details

Male		Female		Other	
Ethnicity		Country of birth			

Have you ever been tested for HCV in the past?

HCV Antibodies	Positive	Negative	Year
HCV RNA	Positive	Negative	Year
Genotype known	Yes	No	

Any previous HCV treatment?

PegIFN/Riba	Y	N			
PegIFN/Riba/PI	Y	N			
Direct Acting Antiviral	Y	N	Regime		Year

Preferred treatment location/ local site

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GP Details (including phone number)

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Pharmacy Name and Address:

NHSmail address: