**Community Pharmacy** **Hepatitis C Antibody Testing Service**

| To (GP practice name) |  |
| --- | --- |

|  |
| --- |
| Patient’s details:  |
| Name |   |
| Address(If of no fixed abode, the pharmacy address can be used) |  |
| Date of birth |  / /  | NHS number(if known) |  |  |  |  |  |  |  |  |  |  |  |  |
| Phone number |  |

|  |
| --- |
| The above individual, who is registered with your practice, was the subject of a Hepatitis C Antibody Test, with a positive result, conducted at this pharmacy on: / /They consented to this information being shared with their general practice.No action is required by the general practice; the individual has been referred for further testing via the Hepatitis C Operational Delivery Network.  |

|  |  |  |  |
| --- | --- | --- | --- |
| Pharmacy name  |    | Telephone |  |
| NHSmail address |  |
|  Address |  |

**CONFIDENTIAL**