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

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

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| 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. |

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

**CONFIDENTIAL**