

Community Pharmacy Hepatitis B and C Testing Programme

FOR INFORMATION ONLY

Dear Doctor

Concerning your patient:

Patient Name:
Patient Date of Birth:
Patient Address:

who has undergone a dried blood spot test for Hepatitis-B, Hepatitis C, HIV and Syphilis in our pharmacy.

HCV Antibody <input type="checkbox"/> Positive <input type="checkbox"/> Negative		HBV Surface Antigen <input type="checkbox"/> Positive <input type="checkbox"/> Negative	HIV <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Syphilis <input type="checkbox"/> Positive <input type="checkbox"/> Negative
HCV PCR <input type="checkbox"/> positive	HCV PCR <input type="checkbox"/> negative			
Notes: We have referred this patient to the Sexual Health Service for assessment and for consideration of referral for antiviral treatment, following identification of genotype.	Notes: As there is a significant false negative result rate with HCV PCR (especially for people with a low viral level) we have referred this person to the Isle of Wight Sexual Health Service for re-testing with a blood serum test to repeat the HCV PCR in conjunction with a LFT. If three consecutive serum negative HCV PCR results along with normal LFTs are secured then no further action will be taken. If at any point the patient is found to be HCV PCR positive they will be referred to the local specialist for assessment and for consideration for anti-viral therapy. Referred to Sexual Health Clinic at St Mary's Hospital for the above.	Notes: If positive, we have referred this patient to the Isle of Wight Sexual Health Service for further serum blood testing to ascertain whether they are HBV e antigen positive or negative together with their LFTs. If necessary they will refer to the specialist secondary care service for assessment and for consideration for treatment. We have made this patient aware of the importance of vaccinating anyone they are in close contact with. SHS will assess the need to trace contacts and carry out vaccination if required. <u>Contacts can be vaccinated at:</u> Participating Pharmacies; GP Practice; IDAS; or Sexual Health Services at St Mary's Hospital. Referred to Sexual Health Clinic at St Mary's Hospital for the above.		

We have attached a copy of the lab result form for your records.

If you have any questions, please contact me by telephone on

PLEASE FAX TO SEXUAL HEALTH ON SECURE FAX No 01983 821363.

Yours sincerely

Pharmacy Stamp

Pharmacist
(Please print name below)

cc: IDAS Keyworker by confidential fax on 01983 539667 if appropriate