Record Test Results	Result
Hepatitis C Screen	☐ Positive ☐ Negative
HCV Polymerase Chain Reaction (PCR)	☐ Positive ☐ Negative
Hepatitis B Ag Screen	☐ Positive ☐ Negative
HIV Screen	☐ Positive ☐ Negative
Syphilis Screen	☐ Positive ☐ Negative

All Positive Results Check List (using appropriate post-test leaflet)	**Done**
Give information about syphilis/STI's, Hepatitis B or C or HIV treatment	
Give advice on how to prevent passing Syphilis, Hepatitis B,C or HIV to others	
Hep C +ve: The relevance of different genotypes on the length of treatment required and the chances of viral clearance explained	
Syphilis, Hep B and HIV +ve : Family members will need testing and vaccination. These include sexual partners, children living at home and any other family members living in close proximity. This will be arranged by the GP once they receive referral letter	
Syphilis, Hep B and HIV +ve: Advise use of barrier methods of contraception / condoms until their sexual partner has been tested and vaccinated or to use condoms if not currently in a permanent sexual relationship	
Syphilis, Hep B and HIV +ve: Ask about recent sexual contacts and explain sexual health will carry out contact tracing if appropriate	
Referral to SHS for follow-up care arranged	
Both Negative Results Check List	**Done**
Recommend re-test if they have only been at risk recently (3 month window period)	
Advice on how to prevent catching Hepatitis B or C or HIV/Syphilis in the future(with reference to pre test leaflet)	
If they remain at risk from Hepatitis B, recommend vaccination. *(If necessary, They can contact the practice nurse at their GP to arrange)*	

PLEASE FAX TO SEXUAL HEALTH ON SECURE FAX No 01983 821363

HEPATITIS-B AND -C SCREENING USING DRIED BLOOD SPOT TESTING

Pharmacy Stamp	**GP Name & Address** (see consent section before completing)
This test is completely confidential and any information the client chooses to give will be covered by the data protection act	

Date of Test:	
Client's Name:	
Date of Birth:	
Gender:	**Male** ☐ **Female** ☐
Address: **Post Code:**	
Email:	☐ preferred
Daytime Phone Number:	☐ preferred
Mobile Phone Number:	☐ preferred
SMS Reminder Reference Number:	
Date of Test:	
Pharmacist Name:	Signature:

Without all the base criteria and at least one of the additional criteria, testing is NOT recommended

CLIENT HISTORY

Base Criteria for Inclusion	Yes	No
Aged 13 or over (Assess Fraser Competency if under 16)		
Additional Criteria for Inclusion. Refer to check lists	**Yes**	**No**
Recipient of at least one of these prior to 1991: ☐ Blood Transfusion ☐ Blood Products ☐ Organ Transplant		
Intra-venous drug user: ☐ Currently ☐ Previously (including once-only, steroid use or sharing of any equipment)		
Sniffing or smoking cocaine: ☐ Currently ☐ Previously (sharing pipes, notes or straws)		
Had elective skin penetration in high-risk environment: ☐ Tattoos ☐ Piercings ☐ Acupuncture		
Born in a high-risk country: Asia, Africa, S.America, Pacific Islands, Eastern Europe and Middle East		
Had medical or dental procedures in a high-risk country: Asia, Africa, S.America, Pacific Islands, Eastern Europe and Middle East		
Suffered a sharps injury: (possibly in connection with their occupation in a healthcare setting)		
Been in contact with another person's blood: ☐ Fight ☐ Contact Sports ☐ Human Bite		
Close contact with a person who is known to have Hepatitis-B or –C, or HIV or who is subject to the risk factors above ☐ Unprotected Sex ☐ Regularly shared razor or toothbrush		
Been at increased risk of a sexually transmitted infection (e.g. men having sex with men, women having sex with bisexual men, sex worker, unidentified partner)		
Notes:		

Pre-Test Check List	Done
Explain what the blood spot testing process will entail	
Explain how and when results will be given and arrangements for follow-up for positive results including the letter to their GP	
Explain possible 3 month window period for re-testing if only recently at risk	
Explore if client at risk of Chlamydia, if so, supply a test kit and explain procedure.	
Explanation of the implications of a positive result	**Done**
They may have difficulty securing Life and Health Insurance as is common with many chronic (long term) illnesses	
Both Hepatitis B and C can lead to severe liver damage and an increased risk of liver cancer. Explain HIV retroviral treatment and implication of late detection However there is effective treatment available for both viruses. Hepatitis B treatment can suppress viral activity and prevent liver damage; Hepatitis C treatment can clear the viral infection completely in 50% of people	
If they are found to be positive for Hepatitis B, other family members (partner and children) will need testing & vaccination	
They have received a copy of the Hepatitis-B and -C leaflet and HIV information leaflet	

Blood Spot Test Consent	
I have had the blood spot test explained to me, and I consent to the tests being taken and if positive, for my blood test results to be passed to sexual Health services, for follow up. No letter will be sent to your GP for negative test results. If you test positive, the information sent to your GP will only list the test results and will not list your risk factors.	
Client Signature:	Date:
I give consent for my General Practitioner to be informed of positive test results and for the pharmacist to contact me in my preferred manner	
Client Signature:	Date: