**South-West Peninsular Hepatitis C ODN Community Pharmacy BBV Testing Project**

**Expression of Interest in participating in the project**

Can you please confirm, by completing the table below, if you are/are not interested in participating in the project by completing the following information and return this form to [jayne.roue@nhs.net](mailto:jayne.roue@nhs.net) by **Friday 22nd July 2022.**

|  |  |  |
| --- | --- | --- |
| Community Pharmacist name: |  | |
| Community Pharmacy details: |  | |
| ODS code: |  | |
| Community Pharmacy email address: |  | |
| **Approximately** how many patients do you currently have attending your pharmacy receiving Opioid Substitution Treatments (OST) and/or Needle Exchange (NX) Provision? | **OST** | **NX** |
|  |  |
| I am interested in participating in the project | |  | | --- | |  | | |
| I am not interested in participating in the pilot. | |  | | --- | |  | | |

If you wish to discuss the pilot in more detail please do email Graham Parsons, Lead Pharmacist – South West ODN ([graham.parsons5@nhs.net](mailto:graham.parsons5@nhs.net)) and he will make contact with you or please do contact your LPC who are working closely with the ODN to implement this project.