**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 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 |

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| I am not interested in participating in the pilot. |

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If you wish to discuss the pilot in more detail please do email Graham Parsons, Lead Pharmacist – South West ODN (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.