CONSENT FORM: COMMUNITY PHARMACY EARLY DIAGNOSIS OF CANCER PROJECT

Please complete this form after you have read the Information Sheet and/or listened to an explanation of the project.

Title of Project: Early diagnosis of bowel and lung cancer through community pharmacy in Cumbria

Thank you for engaging with community pharmacy staff as part of our efforts to raise awareness about bowel and/or lung cancer. If you have any questions arising from the Information Sheet or any explanation given to you, please ask one of the pharmacy staff.

- I understand that this pharmacy is recording the fact that I received advice and/or counselling with the community pharmacist and was advised to consult my GP, in order for the pharmacy to follow up with my GP practice.

- I consent to the processing of my personal information for the purposes explained to me. I understand that such information will be handled in accordance with the terms of the UK Data Protection Act 1998.

- I understand that confidentiality and anonymity will be maintained and it will not be possible to identify me in any reports resulting from this project.

Customer Statement:

I ____________________________
confirm that staff at this pharmacy have explained the Cumbria Local Pharmaceutical Committee early diagnosis of cancer project to me and I agree to take part in the project. I have read both the notes written above and the Information Sheet about the project, and understand what it involves.

Signed __________________ Date __________________

Pharmacy Statement:

I ____________________________________________
[insert name of individual, job title and name of pharmacy] confirm that I have carefully explained the Cumbria Local Pharmaceutical Committee early diagnosis of cancer project to the customer.

Signed __________________ Date __________________ Pharmacy Stamp