

# 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.

Please tick or initial

- 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