

FREE SCREENING FOR HEPATITIS C

Dear Mr / Mrs.

We are offering you the chance, **free of charge**, to be **tested for the hepatitis C virus**.

Why take the test:

- the **Hepatitis C** virus is a silent enemy that **often shows no signs** of its presence but can cause **cirrhosis of the liver** and **tumours**.
- Today, for this infection there is a **short-term treatment** (maximum 3 months) with very few and negligible side effects which is **highly effective**, capable of curing more than 95% of patients

Chronic hepatitis C virus (HCV) infection is a leading cause of death and hospitalization worldwide. Up until 2015, one person died every 30 minutes in Italy from the consequences of hepatitis C. It is estimated that in our country about **1% to 1.5% of the population is affected**; in particular, in Lombardy, an estimated **150,000** people have HCV infection. However, many of these cases **remain undiagnosed**.

That's why we are inviting you today to give your consent to be tested for the HCV antibody in your blood.

Please answer these brief questions:

- a) Have you ever done this test? ☐ **YES** ☐ **NO**
- b) If so, what was the result? ☐ **Positive** ☐ **Negative**
- c) Have you already been treated for hepatitis C with the new drugs? ☐ **YES**
☐ **NO**

If you have already been treated for hepatitis C with the new drugs, you do not need to do this test.

EXPRESSION OF CONSENT

I, the undersigned, declare that I have received the information needed to understand my clinical condition and the test proposed, that I have read the privacy policy and that I understand the purposes and methods of processing my data as well as my rights as a data subject

Having considered the information received:

☐ **I AGREE**

☐ **I DO NOT AGREE**

to do the HCV screening test, to the processing of the personal data requested, the inclusion of the data on the regional platform for monitoring the screening campaign and, should I test positive to the first level screening test, the communication of the data to the specialist centre.

If the test is positive you will be contacted to complete diagnostic updates.

SURNAME NAME _____
DATE OF BIRTH _____
TAX ID _____
MOBILE PHONE _____
E-MAIL _____

Date.....

Signature of patient/supporting caregiver

Place

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