## NHS LFD tests supply service for patients potentially eligible for COVID-19 treatments - Record Form

\* indicates sections that must be completed

Patient's details																					
NHS number																					
Full name*																					
Date of birth*																					
Address*																					
											Pc	Postcode*									

Representative's details (if collecting on behalf of the patient)																			
Full name*																			
Address*																			
											Postcode*								

The pharmacy will share the information on this form with:

- NHS England, to allow them to monitor how the service is provided by the pharmacy and to help evaluate the service; and
- The NHS Business Services Authority and NHS England to allow them to manage the contract the pharmacy has with the NHS, to make sure the pharmacy is paid correctly for the service and that they have provided the service properly.

For the pharmacy team to complete:											
Confirmation of eligibility*	<ul> <li>Patient letter seen</li> <li>Clinical history assessment against eligibility criteria</li> </ul>										
Date of supply*											
Batch/lot number of LFD test kit supplied*							One box of 5 tests supplied				
Entered into MYS											

## CONFIDENTIAL