**GFCT**

**REGISTERED CHARITY No.1109385**

**CONSENT FORM FOR PSA TEST**

**YOU ARE REMINDED THAT BY DEFINITION THIS TEST IS ONLY AN INDICATIVE ONE.**

**WE STRONGLY URGE YOU TO FOLLOW THE MATTER UP WITH YOUR GP IF ADVISED TO DO SO.**

**PLEASE PRINT CLEARLY IN BLOCK CAPITALS**

**FULL NAME:** ………………………………………………………………………………………………………………….……..….……….……………………………………………

**ADDRESS:** ….………………………………………………………………….…………………………………………………………….……………..…..……………………………

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**TOWN:** …………………………………………………………………………………..………. **POSTCODE:** ……………………..………….………………...

**DATE OF BIRTH (DD/MM/YYYY):** ...... /...... / **19** ..... **AGE:** ………….. **PHONE No:** ………………………………………………….………………………......

**EMAIL: (Enter letters and special characters clearly, one character per box)**

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**PLEASE TICK YOUR PREFERRED RESULT OPTION (DEFAULT IS POST)**  POST EMAIL

**Note:** If you request the email result option ***please ensure the email address is written clearly***. We cannot be held responsible where 1) The email address is taken in good faith but is not actually correct 2) Another person has access to or shares your email account. If an email is rejected then we will send your result via post. The result letter will be a non-encrypted attachment in the email.

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| --- | --- | --- | --- | --- |
| **HAVE YOU HAD A PSA TEST WITH US BEFORE?** | **YES** |  | **NO** |  |
| **IF YES, HAS YOUR ADDRESS CHANGED SINCE YOUR LAST VISIT?** | **YES** |  | **NO** |  |

**PLEASE CIRCLE**:

**ETHNICITY**: WHITE – EUROPEAN / WHITE – OTHER / ASIAN / AFRO CARIBBEAN / MIXED RACE / OTHER

**FAMILY HISTORY OF PROSTATE CANCER?** : FATHER / BROTHER / UNCLE / GRANDFATHER

**FAMILY HISTORY OF BREAST CANCER?** : MOTHER / SISTER / AUNT / GRANDMOTHER

|  |  |  |  |
| --- | --- | --- | --- |
| **PLEASE TICK:** | | **YES** | **NO** |
| **IF YOU ARE CURRENTLY TAKING PROSTATE MEDICATION SUCH AS:** | **PROSCAR** / **PROPECIA** (FINASTERIDE) |  |  |
|  | **AVODART** (DUTASTERIDE) |  |  |
|  | **COMBODART** (DUTASTERIDE**)** |  |  |
| **IF YOU HAVE HAD SEXUAL INTERCOURSE OR EJACULATED IN THE LAST 48 HOURS ?** | |  |  |
| **IF YOU HAVE TAKEN VIGOROUS EXERCISE IN THE LAST 48 HOURS (CYCLE RIDING ESPECIALLY) ?** | |  |  |

**I AGREE THAT ALL INFORMATION SUPPLIED BY ME MAY BE HELD BY GFCT AND USED TO COMMUNICATE THE RESULTS TO ME.**

**I UNDERSTAND THE INFORMATION WILL REMAIN SECURE AND CONFIDENTIAL IN ACCORDANCE WITH THE GENERAL DATA PROTECTION REGULATION (GDPR) AND WILL NOT BE PASSED ON TO ANY OTHER PARTY NOR USED FOR MARKETING PURPOSES.**

**I UNDERSTAND THAT ANY INFORMATION USED FOR MEDICAL RESEARCH PURPOSES WILL NOT BE IDENTIFIED WITH ANY INDIVIDUAL’S NAME, ADDRESS, PHONE NUMBER OR EMAIL ADDRESS.**

**PLEASE TICK THE BOX TO CONFIRM YOU ARE HAPPY FOR US TO HOLD THIS DATA**

**IF YOU DO NOT TICK THIS BOX WE CANNOT SEND YOU YOUR RESULT**

**If any If you have any concerns regarding the above, please speak to a member of the charity staff who will be happy to discuss this further with you.**

**Please refer to our website www.psatests.org.uk for our Data Privacy Policy.**

**If you wish to request your personal data to be erased after receiving your test result, please also refer to our website.**

**PLEASE READ THE FOLLOWING THEN SIGN & DATE:**

* **I CONFIRM THAT I HAVE READ THE LEAFLET: ‘A GUIDE FOR MEN CONSIDERING HAVING A PSA TEST’.**
* **I CONSENT TO A BLOOD TEST TO BE PERFORMED BY WHICH THE LEVEL OF PROSTATE SPECIFIC ANTIGEN (PSA) AND OTHER MARKERS MAY BE MEASURED.**
* **I UNDERSTAND THAT THIS COULD GIVE A DOCTOR SOME INDICATION OF ANY ABNORMALITY WITHIN MY PROSTATE GLAND BUT THAT I MAY ALSO NEED A SIMPLE CLINICAL EXAMINATION CARRIED OUT BY MY DOCTOR.**
* **I UNDERSTAND THAT I WILL BE NOTIFIED OF THE RESULT AND ADVISED OF ANY FURTHER ACTION THAT MAY NEED TO BE TAKEN.**
* **I UNDERSTAND THAT VERY OCCASIONALLY THE RESULT COULD BE NORMAL EVEN IF MY PROSTATE GLAND IS ABNORMAL AND THAT IF I HAVE TROUBLE PASSING URINE I SHOULD STILL ARRANGE TO SEE MY DOCTOR.**
* **I UNDERSTAND THE CHARITY ACCEPTS NO RESPONSIBILITY FOR ANY ACTION I MAY TAKE FOLLOWING RECEIPT OF MY RESULT.**

**SIGNATURE: .......................................................... DATE: ..........................**

FOR OFFICE USE ONLY

RED/AMBER/GREEN ………………… PSA SCORE ……………… FREE/TOTAL ………….. AGE …………

NOTES: