**Consent form:
Sore throat test and treat service**

Supported by

Pharmacy stamp:

Patient name: ...........................................................................................................................................

Address: ...................................................................................................................................................

.............................................................................................................. Postcode: ..................................

I consent to a swab being taken from the back of my mouth to see whether I have a streptococcus A (Strep A) infection present there. 

I agree that the information obtained during this service can be shared with my doctor (GP) to help them provide care to me. 

Signature:

Date: ..........................................