

INFORMED CONSENT FOR PATIENT

Heart Rhythm Week

The International Pharmacists for Anticoagulation Care Taskforce (iPACT) is working together with the Arrhythmia Alliance (A-A) and the Atrial Fibrillation Association (AFA) to raise awareness of heart conditions.

Our motivation

- We want to raise international awareness of Arrhythmias
- Our aim is to enable every person living with an undetected heart condition or at risk of developing a heart condition, to have the opportunity to benefit from a pulse check and a detailed evaluation by a pharmacist

Your participation is totally voluntary. If you do not wish to participate your choice will not affect any of other services we provide to you. You can withdraw your consent at any time.

Your **participation consists of** receiving a manual pulse check by a pharmacist and our collecting some of your clinical and therapeutic information anonymously so that your risk of stroke may be estimated. This information will be collected for analysis and future publication.

If any abnormality of rate or rhythm is detected by the pharmacist, you may need additional tests and will formally be referred to your doctor.

The **benefit** of this pulse check is to increase your knowledge of your heart rhythm and teach you to check your own pulse. Problems related to heart rhythm often have no symptoms; but can have significant hidden risks.

There is little risk to having a pharmacist check your pulse, and we will discuss your pulse after we have completed the pulse check

This pharmacy is/is not using a portable device to confirm your pulse by placing two fingers from each hand on a small metal sensor. This will not cause any pain or require any blood or tissue. Results from this test can be used by your doctor to aid diagnosis of any irregularity.

The collected information will be processed compiled for statistical analysis and all data will be personally unidentifiable.

(Cross out option that does not apply)

I ACCEPT/DO NOT ACCEPT to participate, confirming that I have been informed about the conditions of participation and the subsequent actions of the pharmacist should any abnormality be detected.

Participant's name

(Participant's signature)

Date: