

4. Patient registration

Patient Record ID

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6. Samples collected

Urine:

Yes Subject refused Not required Postal-kit requested Postal-kit provided

Anal swab:

Yes Subject refused Not required Postal-kit requested Postal-kit provided

Oral swab:

Yes Subject refused Not required Postal-kit requested Postal-kit provided

6. Intervention delivery

Trial group:

Usual care (control) proHIS eHIS

Digital recording:

Yes No Not required

7. Protocol Deviation

Comments /reasons:

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Site PI Signature: _____ Date: _____

This form should be completed for each participant screened

Self-Referral Case Report Form (SR-CRF)

Site ID

N	T	T	-	0	0	7
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Study Participant ID

7	0				
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Chlamydia screening

Date of screening / kit sent	Method (Postal/in-clinic)	Test Type (Single/Triple)	Date of results transfer to study team
14/05/19	Postal	Single	28/05/19
20/05/19	In-clinic	Triple	31/05/19

Comments:

Site PI Signature: _____ Date: _____