



**6. Randomisation**

Completed

Not completed (complete 9)

proHIS Arm

eHIS Arm

Control Arm

**7. Intervention delivery**

Completed

Not completed (complete 9)

**Digital recording performed**

Yes  No

**8. Samples collected**

Completed

Not completed (complete 9)

**Urine sample**

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

**Anal swab**

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

**Oral swab**

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

**9. Protocol violation**

**Comments /reasons:**

Site PI Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This form should be completed for each participant screened*

Protocol Number, HIS-UK Study

**Site ID**

B	R	I	-	0	0	1
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**Study Participant ID**

1	1			
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**10. Chlamydia screening (registration, 6mths, 12 months)**

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:** \_\_\_\_\_