Site ID C L C - 0 0 4 **Study Participant ID** 4 2 _ _ _

1. Eligibility screening

☐ Eligible If not eligible (complete NERF)

2. Informed Consent

☐ Obtained ☐ Not completed (skip to 9)

Date: _ _ / _ _ / _ _

Consent form, and related study documents, were thoroughly reviewed by the subject.
☐ Yes ☐ No

Subject had sufficient time to review the documents and ask questions.
☐ Yes ☐ No

Informed consent obtained prior to any study related procedures.
☐ Yes ☐ No

A copy of the documents (PIS and consent form) have been given to the subject.
☐ Yes ☐ No

Name of person that obtained consent:

Comments:

3. Study registration

☐ Completed ☐ Not completed (complete 9)

4. Questionnaire

☐ Completed ☐ Not completed (complete 9)

5. Patient registration

☐ Completed ☐ Not completed (complete 9)

Patient Record ID

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

Site ID C L C - 0 0 4 **Study Participant ID** 4 2

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: _____