

## CONSENT FORM

**Study title:** Evaluation of HIS-UK

**Researchers:** Professor Cynthia Graham, Dr Nicole Stone, Rowena Bedford

**ERGO Number:** 47867

**Participant Identification Number:**

*Please tick the box(es) if you agree with the statement(s):*

I have read and understood the participant information sheet (<insert current PIS date>/< insert current PIS version number>) for the above study. I have had the opportunity to consider the information,ask questions and have had these answered.	
I agree to take part in this study and agree for my data to be used for the purpose of this study.	
I understand taking part is voluntary and I may withdraw at any time for any reason without my medical care or participant rights being affected.	

### Chlamydia Screening

I understand that the study will require testing for chlamydia. The method in which chlamydia is tested (urine and/or anal and oral swabs), samples analysed and then destroyed will follow NHS procedure.	
I understand that the results of all chlamydia screening as part of this study will be shared between the research team at the University of Southampton and the clinic I am registered to.	

### Digital Audio Recordings

I understand that taking part in the study may involve digital audio recordings which will be transcribed and then destroyed for the purposes set out in the participation information sheet.	
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### Personal Information

I understand that the following personal information collected about me; ethnicity, sexual orientation, sexual behavior, relationship status, and condom use experiences will not be shared beyond the research team.	
I understand that my name, address, mobile number and email will only be shared beyond the research team (with the screening laboratories and clinical care team) for the purposes of chlamydia screening and treatment.	
I understand only anonymised data will be used in reports of the research or to support other research in the future.	
I understand that the information held and maintained by the research team will be used to contact me during the duration of this study.	
I understand that if I choose to withdraw from the study the research team will retain any data collected up to the point of withdrawal, unless I inform them otherwise	

**Optional – please only tick the box if you wish to agree:**

I understand that I may be asked to be interviewed about my involvement in this study by a member of the research team and I do not have to take part.	
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If I choose to withdraw, I understand I will be asked to report my decision in writing/email or have a telephone interview by the research team that will be digitally audio-recorded.	
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ONLINE

Participant:

Please tick this box to indicate that you consent to taking part in this study:

Date.....

Study site staff:

Name:.....

Date :.....

ONLINE