



CLASS
Chlamydia Screening Study

Insert/Attach Barcode
Here

REPEAT SAMPLE: SHEET(2)

PLEASE REMEMBER WE NEED A SWAB (FOR WOMEN ONLY) AND THE FIRST URINE SAMPLE YOU PASS, AFTER YOUR NIGHTS SLEEP

1. Please give your date of birth:

Date: / /

2. When was the first day of your last menstrual period? (for women only)

Date: / /

3. Please write in the date and time that you took your samples:

a. Swab sample (for women only)

Date: / / Time: :
Day Month Year Hour Mins am pm

b. Urine sample

Date: / / Time: :
Day Month Year Hour Mins am pm

c. We need to know when you last passed urine before taking this urine sample. Please write in the date and time of when this was:

Date: / / Time: :
Day Month Year Hour Mins am pm

4. It is very important for us to know at which point of passing urine your sample was taken, was it the beginning of the flow that you caught in the pot

Yes, first part of flow No, not first part of flow

Please complete and put this sheet in the white pre-paid addressed envelope provided, together with the urine sample (and swab for women only) and post to the Public Health Laboratory as soon as possible. Thank you for participating in this research.