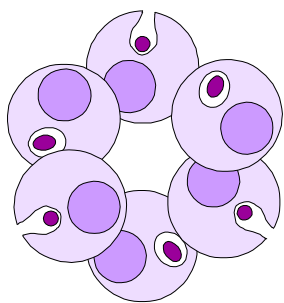


COPY FOR PARTICIPANT



CLASS

Chlamydia Screening Study

CONSENT FORM

**PROJECT: Chlamydia Screening Studies (CLASS).
Study 2. Randomised Trial of Chlamydia Case Management**

For each statement please circle either 'Yes' or 'No'

Please circle

- | | | |
|---|------------|-----------|
| 1. I confirm that I have read and understand the information sheet dated 21 st November 2000 (version 3 Female /version 6 Male) for the above study and have had the opportunity to ask questions. | Yes | No |
| 2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. | Yes | No |
| 3. I agree to take part in the above study. | Yes | No |

Please complete both copies of this Consent Form.

Name of Patient

Date

Signature

Research Nurse

Date

Signature

**Department of Social Medicine,
Canyng Hall,
Whiteladies Road,
Bristol, BS8 2PR.
Telephone 0117 928 7275.**