



%EXTERNAL\_ID%

# CONSENT FORM

PLEASE RETURN THIS FORM

## PROJECT: Chlamydia Screening Studies (CLASS). Study 1. Prevalence survey and case-control study

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

Please circle

- |   |  |     |    |
|---|--|-----|----|
| 1 | I confirm that I have read and understand the information sheet dated 21st November 2000 (version 8) for the above study and understand that if I have any questions I can telephone the Freephone number 0800 975 9985. | 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. Keep the other copy for yourself and return this copy, with your sample and questionnaire, in the freepost envelope provided

\_\_\_\_\_  
Name of Participant (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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**PLEASE TURN OVER AND COMPLETE**

