



CLASS

Chlamydia Screening Study

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University of Bristol, Department of Social Medicine

Canyng Hall, Whiteladies Road, Bristol BS8 2PR

Tel: 0117 928 7261 Freephone: 0800 975 9985 Fax: 0117 928 7202

e-mail: cla-ss@bris.ac.uk Internet: www.chlamydia.ac.uk

Horfield Health Centre

Lockleaze Road

Horfield

Bristol

Dear General Practitioner

It would be very helpful to us to have one person, you wish to represent your practice, to give a version of their signature to scan in and merge with our letters to patients, the letters are:

1. To ask patients to fill in a baseline Anxiety Questionnaire and follow-up Anxiety Questionnaire
2. To ask patients if they wish to take part in the Prevalence Study
3. Three reminder letters for the Prevalence Study and the Anxiety Questionnaires
4. To Case control subjects
5. To tell patients they have a negative test result
6. To Invite staff and patients for in-depth interviews

Copies of the text of each letter are enclosed.

Your signature will not be used for any other purpose, apart from the above, and will be stored securely at the study centre.

Please use blue ink and write within the box without going over the lines. Thank you.

Please print name as you would like it on the letter e.g. Dr Joe Bloggs e.g. on behalf of ----Practice	Please sign here	Please sign again here
Dr Terry Kemple on behalf of Horfield Health Centre		