



CLASS

Chlamydia Screening Study

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<BARCODE>

PATIENT CONSENT FORM PROJECT: Chlamydia Screening Studies (CLaSS).

Consent form to be completed by all those being interviewed in-depth

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

Please circle

- | | | |
|---|-----|----|
| 1. I confirm that I consent to be interviewed about my experiences of participating in this screening study. | Yes | No |
| 2. I understand that the interview will be tape recorded but that I can switch off the tape recorder or stop the interview without having to give an explanation. | Yes | No |
| 3. I understand that small parts of what I say may be quoted anonymously when the results of this part of the research are reported. | Yes | No |
| 4. I confirm that I have had the opportunity to ask any questions about this interview. | Yes | No |

Name of patient

Date

Signature

Researcher

Date

Signature