Interview consent form (Patients & Sex Partners) - Process Evaluation Studies 1&2 Version 2.1 [22-06-18] IRAS 245000

Appendix E

2.

3.

4.

5.

affected.

PE Studies 1 & 2

Title of the project: Accelerated Partner Therapy (APT) Process Evaluation Study Centre Number: Study Number:

VERBAL CONSENT FORM

(Sexual Health clinic patients and sex partners)

Name of Chief Investigator: Prof. Claudia Estcourt

I am aged between 16 and 65 years of age.

1. I confirm that I have read and understood the information sheet dated 22-06-18, version 2.1 for the above study. I have had the opportunity to consider the information, ask guestions and I am satisfied with the answers.

I understand that my participation is voluntary and that I am free to withdraw from the

study at any time without giving a reason, without my medical care or legal rights being

I understand that relevant sections of my demographic information and data collected during the LUSTRUM Accelerated Partner Therapy (APT) Chlamydia Partner Notification Trial may be looked at by researchers from Glasgow Caledonian

Researcher to initial boxes





 Name of participant
 Date
 Time verbal consent obtained

 Name of person taking consent
 Date
 Signature

 Central and North West London NHS Foundation Trust
 NHS Foundation Trust
 Image: Consent obtained

University and University College London, where it is relevant to my taking part in this study. I give permission for these individuals to have access to my records. I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers.

- 6. I understand that if I or someone else is believed to be in danger or at risk of significant harm, this will be reported directly to [name], [Lead for safeguarding] and Professor Claudia Estcourt, Chief Investigator on the study. Any allegations of poor practice discovered during the study will be reported directly to [name], Head of Service for GU/HIV medicine and [name], Service Manager.
- 7. I give permission for the interview to be audio-recorded and transcribed.
- 8. I agree to the use of direct quotations from my interview in publications, reports and/or presentations provided that anonymity is preserved. I understand that the results of this study may be published; however my anonymity will be preserved.
- 9. I agree to take part in the above study.
- 10. I confirm that I am still happy for my data to be included in the study (**to be completed at the end of the session**).

[INSERT SITE LOGO] Interview consent form (Patients & Sex Partners) - Process Evaluation Studies 1&2 Version 2.1 [22-06-18] IRAS 245000

When completed: 1 for researcher site file.

