

IRAS ID: 295506  
 REC Reference: 21/SC/0223  
 Participant Identification Number:

**SERVICE USER INTERVIEW – CONSENT FORM**  
**ASSIST: Assessing the impact of online self-sampling for STIs & HIV**

Name of Researcher:

Please tick  
the box

1.	I confirm that I have read and understood the information sheet dated 19-04-2022, version 2.1 for the above study. I have had the opportunity to consider the information and ask questions. My questions have been answered.	
2.	I confirm that I am aged 16 years or over.	
3.	I agree to the interview being audio-recorded and typed up by professional transcribers.	
4.	I agree for the interview recording and typed manuscripts (without names) to be stored in a secure database.	
5.	I agree to the use of direct quotations in publications provided that my name and all other personal details are removed.	
6.	I understand that data collected during the study may be looked at by individuals from University College London and other participating universities, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to the data.	
7.	I understand that if I or someone else is believed to be in danger or at risk of significant harm, this will be reported to Prof Fiona Burns and Dr Jo Gibbs, Co-Chief Investigators on the study and to [name], [Named Professional for Safeguarding]. Any allegations of poor practice discovered during the study will be reported to [name], Head of Service and [name], Service Manager.	
8.	I understand that the information collected about me may be used to support other research into sexual health in the future, and may be shared anonymously with other researchers.	
9.	I understand that my participation in this study is voluntary. I know that I can leave it at any time. I understand that I do not have to give a reason to leave. I also understand that my medical care or legal rights will not be affected.	
10.	I agree to take part in this study.	
11.	I agree that I may be contacted about the possibility of taking part in future research into sexual health.	Yes No

\_\_\_\_\_  
Name of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person taking consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*When completed: 1 for participant and 1 for researcher site file*