Consent Form

Melbourne School of Population and Global Health

Project: Management of Chlamydia Cases in Australia (MoCCA); implementation and feasibility study

Clinic Participation

Responsible Researcher: Professor Jane Hocking

Additional Researchers: Jane Goller, Jacqueline Coombe, Meredith Temple-Smith, Lena Sanci, Jane Tomnay, Rebecca Guy, Chris Bourne, Kit Fairley, Marcus Chen, Heather O'Donnell, Lara Roeske, David Hawkes, Kathleen McNamee, Deborah Bateson, Helen Bittleston, Phoebe Chomley, Anna McNulty.

Name of General Practice: _____

1. I confirm that the above named general practice consents to participate in the above named research project, the details of which have been explained to me, and I have been provided with a written plain language statement to keep.

2. I have had an opportunity to ask questions and I am satisfied with the answers I have received.

3. I understand that this research will involve implementation and assessment of the acceptability and feasibility of several strategies for strengthening management of genital chlamydia infections in general practice.

4. I understand that this general practice's participation in this project is for research purposes only.

5. I acknowledge that the possible effects of participating in this research project have been explained to my satisfaction.

6. I understand that GPs and relevant clinic staff will be expected to use the intervention/s provided for an 12 to 18-month period to support them in management of patients who have been diagnosed with a genital chlamydia infection or pelvic inflammatory disease.

7. I understand that the practice name will be included in study materials (e.g. the study website).

8. I understand that GPs and relevant clinic staff will also be expected to:

    a) Participate in at least two clinic meetings (and/or to meet individually) with researchers, through the project to discuss initiation and conclusion and that a researcher will take notes at these meetings

    b) Provide feedback on the study, either by directly liaising with researchers, or via short polls that will be emailed periodically throughout the study

9. I understand that electronic non-identifiable patient data will be collected from my general practice throughout the 12 to 18-month study period by the retrieval of data from the medical records software that will be used by researchers to determine chlamydia testing patterns, chlamydia positivity rates and retesting practices. I understand that the data extracted will not carry any patient identifying information.

10. I understand that our de-identified practice data collected from the electronic medical record will be transmitted to the University of Melbourne's Department of General Practice Patron primary care data repository solely for the MoCCA study and subsequently securely transferred to the researchers for storage and analysis on a restricted-access folder on a network drive that is internal to the University and operated by IT Services.

11. I understand that electronic, non-identifiable laboratory data from VCS pathology for any postal chlamydia test kits requested for clinic patients will be collected throughout the 12 to 18-month study period to determine request rates for use of postal tests in retesting for reinfection, return rates and positivity rates among those retested via this method. I understand that the data extracted will not carry any patient identifying information.

12. I understand that this general practice's participation is voluntary and that the general practice is free to withdraw from this project at any time without explanation or prejudice and to withdraw any unprocessed data provided by the clinic.

13. I understand that the data from this research will be stored at the University of Melbourne for a period of five years post publication, after which they will be destroyed.

14. I have been informed that the confidentiality of the information provided will be safeguarded subject to any legal requirements; this general practice's data will be password protected or hard copies will be stored in a locked filing cabinet in a secure building and accessible only by the named researchers.

15. I understand that after I sign and return this consent form, it will be retained by the researcher.

16. I would like to receive a summary of the study findings once the study is finished.
    Yes ☐ No ☐

17. I can be contacted about involving this general practice in future research related to this study (see #16).

18. I understand that if I am contacted regarding involvement in future research related to this study that there is no obligation for this general practice to participate in further research.

Authorised Signature: _____

Position: _____ **Date:** _____