

Seroepidemiology of *Chlamydia trachomatis* in the Solomon Islands.

Local Principal Investigator: Oliver Sokana, Solomon Island Ministry of Health

Consent form (v.14.01.15)

Participant name:.....

Participant age:.....

[Affix ID label here]

The information sheet concerning this study has been read to **me / my dependent [CONSENTER TO DELETE AS NECESSARY]**, and I understand what will be expected of someone taking part in this study.

I understand that an individual taking part in this study may withdraw from it at any time without giving a reason and that this will not affect his/her normal care. My questions concerning this study have been answered.

- I give consent for the above to take part in this study.
- I give consent for blood and eye samples, and eye photographs from the above to be used for the purposes of this study
- I give consent for photographs of the above to be disseminated to relevant external parties and potentially published online for academic purposes.

Signature/thumbprint:

Date:.....

[Sign/print here]

If participant is under the age of 18, a parent or guardian should sign this form:

Name:..... Relation:.....

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Witness: I have read this form and the information form to the above person and am sure that he/she has understood what is required of someone enrolling in this study.

Signed:..... Date:.....