WOMEN'S INTERAGENCY HIV STUDY

AIDS MALIGNANCY BANK

ASCERTAINMENT TRACKING CHECKLIST (AMB ATC)

A1.	WIHS ID NUMB	ER:	- _ - - - - - - - - - - - - - - -
A2.	WIHS STUDY V	ISIT #:	
A3.	FORM VERSION	J: 04	/01/99
A4.	FORM COMPLETED BY:		
A5.	DOES WIHS SITE HAVE THE PARTICIPANT'S SIGNED AMB CONSENT FORM?		
A6.	INSTRUCTIONS: USE AS A CHECKLIST DURING ADMINISTRATION OF THE INTERVIEW TO INDICATE WHERE TO COLLECT FURTHER INFORMATION ABOUT REPORTED BIOPSIES		
	a. BIOPSY	b. DATE OF BIOPSY	c. NAME OF PROVIDER AND ADDRESS OF THE INSTITUTION