

**WOMEN'S INTERAGENCY HIV STUDY  
AIDS AND CANCER SPECIMEN RESOURCE  
ASCERTAINMENT TRACKING CHECKLIST (ACSR ATC)**

- A1. WIHS ID NUMBER:                    □ - □□ - □□□□ - □
- A2. WIHS STUDY VISIT #:            \_\_\_ \_\_\_
- A3. FORM VERSION:                    04/01/99
- A4. FORM COMPLETED BY:         \_\_\_ \_\_\_ \_\_\_
- A5. DOES WIHS SITE HAVE THE PARTICIPANT’S SIGNED ACSR CONSENT FORM?  
      YES..... 1  
      NO..... 2

**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