WOMEN'S INTERAGENCY HIV STUDY

AIDS AND CANCER SPECIMEN RESOURCE

ASCERTAINMENT TRACKING CHECKLIST (ACSR ATC)

A1.	WIHS ID NUMBER:	
A2.	WIHS STUDY VISIT #:	
	FORM VERSION:	04/01/99
	FORM COMPLETED BY:	
A5.	DOES WINS SITE HAVE THE PART.	ICIPANT'S SIGNED ACSR CONSENT FORM?

A6. <u>INSTRUCTIONS</u>: 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