WOMENS INTERAGENCY HIV STUDY
CONSENT TRACKING (CONS)

ID LABEL HERE ---> |__| - |__|__| - |__|__|__|__| - |__|

VISIT #: ___ ___

FORM COMPLETED BY: ___ ___ ___

VERSION DATE **04/01/08**

NOTE: COMPLETE FORM ONLY IF RESPONSE TO A2, A5, OR A7 IS YES.

A1. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___
M D Y

A2. DO YOU HAVE GENETICS CONSENT TO COMPLETE FOR THIS VISIT?
YES.....1
NO.....2 **(A5)**

A3. STATUS OF GENETICS CONSENT:
CONSENTED 1
DID NOT CONSENT 2

A4. VISIT FOR GENETICS CONSENT: ____ ____

A5. DO YOU HAVE B-CELL CONSENT TO COMPLETE FOR THIS VISIT?
YES.....1
NO.....2 **(A7)**

A6. STATUS OF B-CELL CONSENT:
CONSENTED 1
DID NOT CONSENT 2

A7. DO YOU HAVE COMMERCIAL USE OF B-CELL CONSENT TO COMPLETE FOR THIS VISIT?
YES.....1
NO.....2 **(END)**

A8. STATUS OF COMMERCIAL USE OF B-CELL CONSENT:
CONSENTED 1
DID NOT CONSENT 2

A9. VISIT FOR COMMERCIAL USE OF B-CELL CONSENT: ____ ____