WOMEN'S INTERAGENCY HIV STUDY TRANSFER FORM

SECTION A: TO BE COMPLETED BY SITE AT WHICH THE PARTICIPANT WAS ORIGINALLY ENROLLED

A1.	ORIGINAL PARTICIPANT II	D#: _ _ _ _
A2.	FORM VERSION DATE:	$\frac{1}{M} \frac{0}{M} / \frac{0}{D} \frac{1}{D} / \frac{0}{Y}$
A3.	LAST WIHS STUDY VISIT NORIGINAL SITE:	NUMBER AT
A4.	DATE OF LAST WIHS STUD AT ORIGINAL SITE:	DY VISIT
A5.	FORM COMPLETED BY (IN	ITIALS):
A6.	DATE FORM COMPLETED:	${M}$ / ${D}$ / ${Y}$
SECTI	ON B: TRANSFER INFORM	IATION
B1.	TYPE OF TRANSFER	
		R CLINIC WITHIN THE CONSORTIUM1 (B2) R WIHS CONSORTIUM2 (B3)
B2.	SUB-SITE/CLINIC TO WHIC	CH THE PARTICIPANT TRANSFERS (PROMPT)
PROM	IPT: FORWARD THIS FORM	M TO THE DATA MANAGER FOR DATA ENTRY; END.
PROM B3.	WIHS CONSORTIUM TO WI Bronx/Manhat Brooklyn Washington, D Los Angeles San Francisco	
	WIHS CONSORTIUM TO WI Bronx/Manhat Brooklyn Washington, D Los Angeles San Francisco Chicago	M TO THE DATA MANAGER FOR DATA ENTRY; END. HICH THE PARTICIPANT TRANSFERS tan
В3.	WIHS CONSORTIUM TO WI Bronx/Manhat Brooklyn Washington, D Los Angeles San Francisco Chicago THE FOLLOWING INFORM AT THE NEW SITE:	TO THE DATA MANAGER FOR DATA ENTRY; END. HICH THE PARTICIPANT TRANSFERS tan
В3.	WIHS CONSORTIUM TO WI Bronx/Manhat Brooklyn Washington, D Los Angeles San Francisco Chicago THE FOLLOWING INFORM AT THE NEW SITE:	TO THE DATA MANAGER FOR DATA ENTRY; END. HICH THE PARTICIPANT TRANSFERS tan

d to be entered at the new site (MM/DD/YY).		
Visit 19:/ Visit 20:/ Visit 21:/ Visit 22:/ Visit 23:/ Visit 24:/		
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Visit 26: /		
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Visit 28:/		
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Visit 30:/		
Visit 31:/		
Visit 32: / /		
Visit 33: / /		
Visit 34: / /		
PROMPT: FORWARD THIS FORM TO THE PROJECT DIRECTOR AT THE RECIPIENT SITE.		
Y THE RECIPIENT SITE		

WIHS ID#