WOMENS INTERAGENCY HIV STUDY

CONSENT TRACKING (CONS)

A1. PARTICIPANT ID: |___|-|___|___|___|-|___|___|___|___|-|___|

A2. WIHS STUDY VISIT #: |___|___|

A3. FORM COMPLETED BY: |___|___|___|

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___
M D Y

A5. FORM VERSION: 0 4 / 0 1 / 1 6

NOTE: COMPLETE FORM ONLY IF RESPONSE TO A6a, A7a, A8a, A9a, A10a, or A11a IS YES.

CONSENT TYPE	**a. CONSENT AVAILABLE FOR THIS VISIT**		**b. CONSENT STATUS AT THIS VISIT**	
	YES	**NO**	**CONSENTED**	**DID NOT CONSENT**
A6. Genetics	1	2 **(A7)**	1	2
A7. B-cell	1	2 **(A8)**	1	2
A8. Commercial use of B-cells	1	2 **(A9)**	1	2
A9. GWAS	1	2 **(A10)**	1	2
A10. dbGaP	1	2 **(A11)**	1	2
A11. Geocoding	1	2 **(END)**	1	2