

**WOMEN'S INTERAGENCY HIV STUDY  
MEDICAL RECORD ABSTRACT CONTROL SHEET**

ACS OF  
RECORD NUMBER:

WIHS ID	COHORT	RPT.	VIS. DATE	EVENT CODE
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EVENT DATE REPORTED:	
ACTUAL EVENT DATE:	

**B. REQUEST TRACKING NOTES**

**C. ABSTRACT INFORMATION**

<p><b>C1. ABSTRACT DISPOSITION (circle one code)</b></p> <p>No written request/within inst..... 1</p> <p>Obtained via written request ..... 2</p> <p>Obtained via in-person visit ..... 3</p> <p>No record for stated period ..... 4 <b>(END)</b></p> <p>Record not released ..... 5 <b>(END)</b></p> <p>Event date out-of-range ..... 6 <b>(END)</b></p> <p>Event abstract elsewhere ..... 7 <b>(END)</b></p> <p>Unable to request record ..... 8 <b>(END)</b></p>	<p><b>C2. EVENT 101 ABSTRACTED</b></p> <p>YES ..... 1</p> <p>NO ..... 2</p> <p>Abs.info before win. 3</p> <p><b>C3. OTHER EVENTS FOUND?</b></p> <p>YES ..... 1</p> <p>NO ..... 2 <b>(D)</b></p>	<p><b>C4. OTHER EVENT CODE(S)</b></p> <p>A. _____</p> <p>B. _____</p> <p>C. _____</p> <p>D. _____</p> <p>E. _____</p>
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**D. MRA FORMS SUBMITTED**

POTENTIAL FORM # SUBMITTED	FORM NAME	NUMBER
CA01	Hospitalization Information .....	___
CA02	Surgical Procedures .....	___
CA03	Endoscopy/Bronchoscopy .....	___
CA04	Cytology/Pathology/Biopsy .....	___
CA05	Microbiology .....	___
CA06	CT/MRI .....	___
CA07	Cerebrospinal Fluid .....	___
M01	CMV – GI Tract .....	___
M03	CMV Radiculomyelopathy .....	___
M04	CMV Retinitis .....	___
M05	Coccidioidomycosis .....	___
M06	Cryptococcosis-Meningit/Disseminat .....	___
M07	Diarrhea/Gastroenteritis .....	___
M08	Esophageal Candidiasis .....	___
M09	HSV AIDS Defining .....	___
M10	Histoplasmosis .....	___
M11	Kaposi’s Sarcoma .....	___
M12	Encephal/Demen/NonTB&NonCrypt Menin .....	___
M13	Pneumonia .....	___
M14	Leukoencephalopathy .....	___
M15	Toxoplasmosis .....	___
M16	Wasting Syndrome .....	___
M17	Pelvic Inflammatory Disease .....	___
M18	Oral Candidiasis(Thrush) .....	___
M19	Candida Vaginitis .....	___
M20	Varicella Zoster .....	___