

**WOMEN'S INTERAGENCY HIV STUDY  
AIDS AND CANCER SPECIMEN BANK  
ASCERTAINMENT TRACKING CHECKLIST (ACSB ATC)**

- A1. WIHS ID NUMBER:                            □□ - □□□ - □□□□□□ - □□
- A2. WIHS STUDY VISIT #:                     \_\_\_ \_\_\_
- A3. FORM VERSION:                            04/01/99
- A4. FORM COMPLETED BY:                 \_\_\_ \_\_\_ \_\_\_
- A5. DOES WIHS SITE HAVE THE PARTICIPANT’S SIGNED ACSB CONSENT FORM?

YES .....1  
NO .....2

**A6. INSTRUCTIONS: 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