

**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