

**WOMEN'S INTERAGENCY HIV STUDY  
AIDS MALIGNANCY BANK  
ASCERTAINMENT TRACKING CHECKLIST (AMB 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 AMB 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