

WIHS ID#:

	<u>YES</u>	<u>NO</u>
C2d. Copy of autopsy report obtained?	1 *	2
C2e. Medical Examiner's (ME) Case?	1 **	2

***PHOTOCOPY DEATH CERTIFICATE/AUTOPSY REPORT**
****ORDER COPY OF ME REPORT**

C3. Discharge diagnoses:

List any AIDS-related illness from the WIHS Event Code List and abstract them: Event Code:

- | | |
|-----------------|------------------|
| a. 1st dx _____ | i. __ __ __ |
| b. 2nd dx _____ | i. __ __ __ |
| c. 3rd dx _____ | i. __ __ __ |
| d. 4th dx _____ | i. __ __ __ |
| e. 5th dx _____ | i. __ __ __ |

SECTION D: PROCEDURES AND TESTS

D1. Surgical Procedures.....	<u>YES</u> 1	<u>NO</u> 2	(If YES, Complete Form CA2)
D2. Endoscopy/Bronchoscopy	1	2	(If YES, Complete Form CA3)
D3. Cytology/Pathology/Biopsy.....	1	2	(If YES, Complete Form CA4)
D4. Microbiology.....	1	2	(If YES, Complete Form CA5)
D5. Cranial CT or MRI scan(s).....	1	2	(If YES, Complete Form CA6)
D6. Cerebrospinal Fluid.....	1	2	(If YES, Complete Form CA7)