

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

DACS OF
RECORD NUMBER:

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

B. REQUEST TRACKING NOTES

C. ABSTRACT INFORMATION

C1. ABSTRACT DISPOSITION (circle one code):

Death Certificate Obtained 1

Death Certificate Not Obtained 2 **(END)**

D. MRA FORMS SUBMITTED

POTENTIAL FORM #	FORM NAME	NUMBER SUBMITTED
M21	Death Certificate Abstraction	___