

**WOMEN'S INTERAGENCY HIV STUDY
DISENROLLMENT FORM**

ID LABEL
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FORM COMPLETED BY:

____ _

VERSION DATE: 04/01/99

VISIT NUMBER: _____

DATE OF THIS REPORT: _____ / _____ / _____
M D Y

1. Disenrollment type (circle all that apply):

	<u>YES</u>	<u>NO</u>
WIHS Core	1	2
WIHS Oral Substudy	1	2
WIHS NIDA HCU Study	1	2
WIHS NIDA Immunology/Virology Substudy.....	1	2

2. Reason for Disenrollment (circle one code only):

- Participant's death..... 1 (#3)
- Participant's decision to withdraw..... 2 (#6)
- Site decision to disenroll participant..... 3 (#7)

3. Date of participant's death:

____ / ____ / ____
M D Y

4. Location of participant's death:

5. City or county of participant's death:

_____ (END)

6. Reason for participant's withdrawal:

Specify: _____ (END)

7. Reason for site's decision to disenroll:

Specify: _____ (END)

**THIS FORM SHOULD BE FAXED TO
WDMAC PRIOR TO DATA ENTRY.**