

**WIHS MEDICAL RECORD ABSTRACTION FORM  
KAPOSI'S SARCOMA**

**FORM M11  
FORM VERSION 04/15/96**

RECORD NUMBER:

WIHS ID NUMBER:

SEQUENCE  
 FORM #  OF

DATE OF HOSPITAL ADMISSION OR OFFICE VISIT:

ABTRACTOR'S INITIALS:

/  /   
 M D Y

A1. Date of abstraction

/  /   
 M D Y

**SECTION B: PROGRESS/NURSING NOTES**

YES      NO

- B1. Biopsy positive from any site for Kaposi's Sarcoma (KS) ..... 1 **(END)\*** 2
- B2. Clinical diagnosis by DERMATOLOGIST? ..... 1 2
- B3. Clinical diagnosis by ONCOLOGIST? ..... 1 2
- B4. Clinical diagnosis by HIV or AIDS specialist?  
 (including dental/oral examiners) ..... 1 2 **(END)**

a.) Specialist's name \_\_\_\_\_

**\* END & complete Form CA4**