

WOMEN'S INTERAGENCY HIV STUDY

TRANSFER FORM

SECTION A: TO BE COMPLETED BY SITE AT WHICH THE PARTICIPANT WAS ORIGINALLY ENROLLED

- A1. ORIGINAL PARTICIPANT ID#: [] -- [] [] -- [] [] [] [] -- []
A2. FORM VERSION DATE: 0 9 / 0 1 / 9 5
M D Y
A3. LAST WIHS STUDY VISIT NUMBER AT ORIGINAL SITE: _ _
A4. DATE OF LAST WIHS STUDY VISIT AT ORIGINAL SITE: _ _ / _ _ / _ _
M D Y
A5. FORM COMPLETED BY (INITIALS): _ _ _
A6. DATE FORM COMPLETED: _ _ / _ _ / _ _
M D Y

SECTION B: TRANFER INFORMATION

- B1. TYPE OF TRANSFER
TO ANOTHER CLINIC WITHIN THE CONSORTIUM1 (B2)
TO ANOTHER WIHS CONSORTIUM2 (B3)
B2. SUB-SITE/CLINIC TO WHICH THE PARTICIPANT TRANSFERS _ _ (PROMPT)

PROMPT: FORWARD THIS FORM TO THE DATA MANAGER (AND NERI IF CENTRALIZED SITE) FOR DATA ENTRY; END

- B3. WIHS CONSORTIUM TO WHICH THE PARTICIPANT TRANSFERS
Bronx/Manhattan.....1
Brooklyn.....2
Washington, DC.....3
Los Angeles.....4
San Francisco5
Chicago.....6

PROMPT: FORWARD THIS FORM TO THE PROJECT DIRECTOR AT THE RECIPIENT SITE

SECTION C: TO BE COMPLETED BY THE RECIPIENT SITE

- C1. NEW ID # ASSIGNMENT: [] -- [] [] -- [] [] [] [] -- []

PROMPT: FORWARD THIS FORM TO NERI