

**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: 1 0 / 0 1 / 9 8
 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: TRANSFER INFORMATION

- B1. TYPE OF TRANSFER
- TO ANOTHER CLINIC **WITHIN** THE CONSORTIUM1 (B2)
TO ANOTHER WIHS CONSORTIUM.....2 (B3)
- B2. SUB-SITE/CLINIC TO WHICH THE PARTICIPANT TRANSFERS ___ ___ (PROMPT)

PROMPT: FORWARD THIS FORM TO THE DATA MANAGER FOR DATA ENTRY; END.

- B3. WIHS CONSORTIUM TO WHICH THE PARTICIPANT TRANSFERS
- Bronx/Manhattan.....1
Brooklyn.....2
Washington, DC.....3
Los Angeles.....4
San Francisco.....5
Chicago.....6
- B4. THE FOLLOWING INFORMATION IS NEEDED TO UPDATE THE PARTICIPANT'S RECORDS AT THE NEW SITE:
- a. Participant Date of Birth: ___ / ___ / ___ (MM/DD/YY)
- b. Preferred Language: SPANISH..... 1
 ENGLISH 2
- c. HIV status: Seroprevalent 1
 Seronegative 2
 Seroconverter 3

d. Substudy Enrollment: NIDA HCU 1
 (CIRCLE ALL THAT NIDA IV INTENSIVE..... 2
 APPLY) ORAL... 3
 OTHER SUBSTUDY:
 _____ 4

e. Dates of all prior visits also need to be entered at the new site (MM/DD/YY).

Visit 1: ____ / ____ / ____	Visit 12: ____ / ____ / ____
Visit 2: ____ / ____ / ____	Visit 13: ____ / ____ / ____
Visit 3: ____ / ____ / ____	Visit 14: ____ / ____ / ____
Visit 4: ____ / ____ / ____	Visit 15: ____ / ____ / ____
Visit 5: ____ / ____ / ____	Visit 16: ____ / ____ / ____
Visit 6: ____ / ____ / ____	Visit 17: ____ / ____ / ____
Visit 7: ____ / ____ / ____	Visit 18: ____ / ____ / ____
Visit 8: ____ / ____ / ____	Visit 19: ____ / ____ / ____
Visit 9: ____ / ____ / ____	Visit 20: ____ / ____ / ____
Visit 10: ____ / ____ / ____	Visit 21: ____ / ____ / ____
Visit 11: ____ / ____ / ____	Visit 22: ____ / ____ / ____

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 WDMAC.