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 CONSORTIUM .....1 **(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: (CIRCLE ALL THAT APPLY)

NIDA HCU 1
NIDA IV INTENSIVE.....2
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.