

WOMEN'S INTERAGENCY HIV STUDY  
**AIDS MALIGNANCY BANK**  
**ASCERTAINMENT TRACKING CHECKLIST (AMB ATC)**

- A1. WIHS ID NUMBER:                              |\_| - |\_|\_| - |\_|\_|\_|\_| - |\_|
- A2. WIHS STUDY VISIT #:                            \_\_\_\_ \_\_\_\_
- A3. FORM VERSION:                                 04/01/99
- A4. FORM COMPLETED BY:                        \_\_\_\_ \_\_\_\_ \_\_\_\_
- A5. DOES WIHS SITE HAVE THE PARTICIPANT'S SIGNED AMB CONSENT FORM?

YES..... 1  
 NO..... 2

**A6. INSTRUCTIONS: USE AS A CHECKLIST DURING ADMINISTRATION OF THE INTERVIEW TO INDICATE WHERE TO COLLECT FURTHER INFORMATION ABOUT REPORTED BIOPSIES**

a. BIOPSY	b. DATE OF BIOPSY	c. NAME OF PROVIDER AND ADDRESS OF THE INSTITUTION