WOMEN'S INTERAGENCY HIV STUDY

AIDS AND CANCER SPECMEN BANK

ASCERTAINMENT TRACKING CHECKLIST (ACSB 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 ACSB CONSENT FORM?

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

A6. <u>INSTRUCTIONS</u>: 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