

**WOMEN'S INTERAGENCY HIV STUDY
ASCERTAINMENT TRACKING CHECKLIST (ATC)**

A1. WIHS ID NUMBER: |_| - |_|_| - |_|_|_|_| - |_|

A2. WIHS STUDY VISIT #: ____ ____

A3. FORM VERSION: **10/01/07**

A4. FORM COMPLETED BY: ____ ____ ____

A9. DOES WIHS SITE HAVE THE PARTICIPANT'S SIGNED MEDICAL RECORD RELEASE?

YES 1

NO 2

A10. INTERVIEWER INSTRUCTIONS: USE CHECKLIST DURING ADMINISTRATION OF THE INTERVIEW TO INDICATE WHETHER TO COLLECT FURTHER INFORMATION ABOUT SELF-REPORTED CONDITIONS. AT BOTTOM OF PAGE CLEARLY DOCUMENT DATE AND FACILITY OF ALL SELF-REPORTED CONDITIONS. MULTIPLE EPISODES OF AN EVENT MUST BE CLEARLY DELINEATED ON THE ATC. COLLECT MEDICAL RECORD RELEASE FORM FOR SHADED EVENTS.

<input type="checkbox"/> C1a	Cervical cancer	<input type="checkbox"/> C10	Skin cancer	<input type="checkbox"/> C21	TB
<input type="checkbox"/> C3	Breast cancer	<input type="checkbox"/> C11	Liver cancer	<input type="checkbox"/> C21a	TB in lungs
<input type="checkbox"/> C4	Cancer of the ovary	<input type="checkbox"/> C12	Lung cancer	<input type="checkbox"/> C21b	TB other part of body
<input type="checkbox"/> C5	Cancer of the uterus	<input type="checkbox"/> C13	Other cancer*	<input type="checkbox"/> C21c	TB – Chest X-ray
<input type="checkbox"/> C6	Kaposi's sarcoma	<input type="checkbox"/> C15c	Cancer – Metastatic	<input type="checkbox"/> C21d	TB meds 3 mo or more
<input type="checkbox"/> C7	Lymphoma	<input type="checkbox"/> C15e	Cancer – Metastatic	<input type="checkbox"/> C22b	TB – Positive skin test
<input type="checkbox"/> C8	Lymphoma in brain	<input type="checkbox"/> C16c	Cancer – Metastatic	<input type="checkbox"/> C38	Liver biopsy
<input type="checkbox"/> C9	Hodgkin's disease	<input type="checkbox"/> C16e	Cancer – Metastatic		

b. REPORTED CONDITION	c. FORM & Q#	d. DATE OF DX	e. PROVIDER NAME & INSTITUTION

TURN FORM OVER TO COMPLETE ACSR ATC →

**WOMEN'S INTERAGENCY HIV STUDY
ACSR (AIDS CANCER & SPECIMEN RESOURCE) ATC**

A1. WIHS ID NUMBER: |_| - |_|_| - |_|_|_|_| - |_|

A2. WIHS STUDY VISIT #: ____ ____

A3. FORM VERSION: **10/01/07**

A4. FORM COMPLETED BY: ____ ____ ____

A9. DOES WIHS SITE HAVE THE PARTICIPANT'S SIGNED MEDICAL RECORD RELEASE?

YES 1
NO 2

*** COLLECT MEDICAL RECORD RELEASE FOR ALL BIOPSIES.**

A10. INTERVIEWER INSTRUCTIONS: USE CHECKLIST DURING ADMINISTRATION OF THE INTERVIEW TO INDICATE WHETHER TO COLLECT FURTHER INFORMATION ABOUT SELF-REPORTED BIOPSIES. CLEARLY DOCUMENT DATE AND FACILITY OF ALL SELF-REPORTED BIOPSIES.

	b. REPORTED BIOPSY	c. FORM & Q#	d. DATE OF BX	e. PROVIDER NAME & INSTITUTION
<input type="checkbox"/>	Liver biopsy *	F22HX, C38		
<input type="checkbox"/>	Lung biopsy *	F22HX, E23a		
<input type="checkbox"/>	Skin Biopsy *	F22HX, E23b		
<input type="checkbox"/>	Bone Marrow Biopsy *	F22HX, E23c		
<input type="checkbox"/>	Cervical Biopsy *	F22HX, E23d		
<input type="checkbox"/>	Uterine/Endometrial Biopsy	F22HX, E23e		
<input type="checkbox"/>	Breast Biopsy *	F22HX, E23f		
<input type="checkbox"/>	Other Biopsy *	F22HX, E23g		

A11. HAS PARTICIPANT REPORTED ANY BIOPSIES?

YES 1
NO 2 (END)

a. DID PARTICIPANT SIGN AN ACSR INFORMED CONSENT FORM?

YES 1 (END)
NO 2

b. IF NO, SPECIFY WHY NOT? _____