

WOMENS INTERAGENCY HIV STUDY
QUALITY CONTROL SHEET
REVIEW OF CANCER DIAGNOSES (QCCD)

SECTION A: GENERAL INFORMATION

- A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE □ - □□ - □□□□ - □
- A2. VERSION DATE: 04/01/04
- A3. DATE COMPLETED:
 ____ / ____ / ____
 M D Y
- A4. FORM COMPLETED BY: ____
-

SECTION B: ORIGINAL CANCER INFORMATION

- B1. ORIGINAL CANCER DIAGNOSIS: _____
- B2. ORIGINAL DOCUMENTATION (FOR ALL APPLICABLE, CIRCLE YES AND ENTER DIAGNOSIS DATE):
- | | <u>YES</u> | <u>NO</u> | i. <u>DIAGNOSIS DATE</u> |
|---------------------------------|------------|-------------|---------------------------------------|
| a. CNCR 1 | 2 | (b) | ____ / ____ / ____
M D Y |
| b. CORE..... 1 | 2 | (c) | ____ / ____ / ____
M D Y |
| c. L15 (b _x)..... 1 | 2 | (d) | ____ / ____ / ____
M D Y |
| d. L14 (colpo) 1 | 2 | (e) | ____ / ____ / ____
M D Y |
| e. OTHER..... 1 | 2 | (C1) | |
| SPECIFY: _____ | | | ____ / ____ / ____
M D Y |
| f. OTHER..... 1 | 2 | (C1) | |
| SPECIFY: _____ | | | ____ / ____ / ____
M D Y |

SECTION C: METHODS

- C1. REASON FOR REVIEW:
- QA/QC 1 **(C2)**
- CONCEPT SHEET/MANUSCRIPT 2 **(C1a)**
- OTHER 3 **(C1b)**
- a. SPECIFY README : W ____ (C2)
- b. SPECIFY: _____

WIHS ID #

C2. REVIEW CONDUCTED BY:

- a. NAME: _____
- b. INSTITUTION: _____
- c. CITY, STATE: _____

C3: DATE OF REVIEW: ___ M ___ / ___ D ___ / ___ Y ___

C4: INFORMATION USED IN REVIEW (CIRCLE YES FOR ALL APPLICABLE):

	<u>YES</u>	<u>NO</u>	<u>i. SPECIFY</u>
a. TISSUE/SAMPLE	1	2	
b. PATHOLOGY REPORT	1	2	
c. OTHER MEDICAL RECORDS	1	2	
d. CONTACT W/PERSON WHO MADE ORIGINAL DIAGNOSIS	1	2	
e. OTHER	1	2 (D1)	_____
f. OTHER	1	2 (D1)	_____

SECTION D: RESULTS

D1. FINAL DECISION:

- NOT INVASIVE/MALIGNANT CANCER..... 1 (E1)
 - CANCER, AS ORIGINALLY DOCUMENTED..... 2 (E1)
 - CANCER, BUT OTHER THAN ORIGINALLY DOCUMENTED..... 3
- SPECIFY: _____

SECTION E: DISCUSSION

E1: OTHER COMMENTS:
