

**WOMEN'S INTERAGENCY HIV STUDY  
QUESTION BY QUESTION SPECIFICATIONS  
TRANSFER FORM**

**SECTION A: TO BE COMPLETED BY THE SITE AT WHICH THE PARTICIPANT WAS ORIGINALLY ENROLLED.**

- A1. Enter the participant's original ID number in the space provided.
- A2. The form version is pre-printed. Use the form version dated **10/01/01b**.
- A3. Enter the visit number of the last study visit at the original site.
- A4. Enter the date of the last study visit at the original site.
- A5. Enter the initials of the person completing the form.
- A6. Enter the date the form is completed.

**SECTION B: TRANSFER INFORMATION**

**Section B** should be completed by the site at which the participant was originally enrolled.

- B1. Indicate whether the participant is transferring to another clinic within the same consortium as the original clinic (1), or to another WIHS consortium (2). If the participant is transferring to another clinic within the same consortium, answer **Question B2**. If the participant is transferring to another WIHS consortium, skip to **Question B3**.
- B2. Enter the number of the sub-site/clinic within the original consortium to which the participant is transferring.

**PROMPT: IF THE PARTICIPANT IS TRANSFERRING TO ANOTHER CLINIC WITHIN THE SAME CONSORTIUM AS THE ORIGINAL CLINIC, FORWARD THIS FORM TO THE DATA MANAGER FOR DATA ENTRY AND END.**

- B3. Indicate to which of the six consortia the participant is transferring.
- B4. Complete **a–e** so that the recipient site can update the participant's records.
  - a. Enter the participant's date of birth.
  - b. Indicate the participant's preferred language: English (1) or Spanish (2).
  - c. Indicate the participant's serostatus: Seroprevalent (1), Seronegative (2), or Seroconverter (3).
  - d. Indicate whether the participant was enrolled in any substudies. Circle all that apply.
  - e. Enter the dates of all prior visits for the participant. If the participant missed a visit, enter the letter "M" after the visit number. If the participant skipped a visit(s) due to the implementation of the calendar-based visit system, enter the letter "S" after the visit number. Leave blank visits that have not yet occurred.

**PROMPT: THE ORIGINAL SITE SHOULD ENTER SECTIONS A AND B INTO THE WDMS AND FORWARD THE TRANSFER FORM TO THE PROJECT DIRECTOR AT THE RECIPIENT SITE.**

**SECTION C: TO BE COMPLETED BY THE RECIPIENT SITE**

- C1. The recipient site should assign the participant a new WIHS ID number.

**PROMPT: THE RECIPIENT SITE SHOULD ENTER THE ENTIRE TRANSFER FORM INTO APOLLO AND FORWARD THE NEW ID TO WDMAC VIA EMAIL OR PHONE TO: [gspringle@jhsph.edu](mailto:gspringle@jhsph.edu) or 410-614-6923.**