

**WOMEN'S INTERAGENCY HIV STUDY
TRANSFER FORM**

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

- A1. ORIGINAL PARTICIPANT ID#: -- -- --
- A2. FORM VERSION DATE: $\frac{1}{M} \frac{0}{D} / \frac{0}{D} \frac{1}{Y} / \frac{0}{Y} \frac{1}{Y}$
- A3. LAST WIHS STUDY VISIT NUMBER AT ORIGINAL SITE:
- A4. DATE OF LAST WIHS STUDY VISIT AT ORIGINAL SITE: $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$
- A5. FORM COMPLETED BY (INITIALS):
- A6. DATE FORM COMPLETED: $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

SECTION B: TRANSFER INFORMATION

- B1. TYPE OF TRANSFER
- TO ANOTHER CLINIC **WITHIN** THE CONSORTIUM.....1 (B2)
TO ANOTHER WIHS CONSORTIUM2 (B3)
- B2. SUB-SITE/CLINIC TO WHICH THE PARTICIPANT TRANSFERS **(PROMPT)**

PROMPT: FORWARD THIS FORM TO THE DATA MANAGER FOR DATA ENTRY; END.

- B3. WIHS CONSORTIUM TO WHICH THE PARTICIPANT TRANSFERS

- Bronx/Manhattan.....1
Brooklyn.....2
Washington, DC.....3
Los Angeles.....4
San Francisco5
Chicago.....6

- B4. THE FOLLOWING INFORMATION IS NEEDED TO UPDATE THE PARTICIPANT'S RECORDS AT THE NEW SITE:

- a. Participant Date of Birth: / / (MM/DD/YY)
- b. Preferred Language: SPANISH..... 1
 ENGLISH 2
- c. HIV status: Seroprevalent 1
 Seronegative..... 2
 Seroconverter 3

d. Substudy Enrollment: ANAL..... 1
 (CIRCLE ALL THAT HHV-8..... 2
 APPLY) ORAL... .. 3
 VRS..... 4
 OTHER SUBSTUDY:..... 5

e. Dates of all prior visits also need to be entered at the new site (MM/DD/YY).

Visit 1: ___ / ___ / ___	Visit 18: ___ / ___ / ___
Visit 2: ___ / ___ / ___	Visit 19: ___ / ___ / ___
Visit 3: ___ / ___ / ___	Visit 20: ___ / ___ / ___
Visit 4: ___ / ___ / ___	Visit 21: ___ / ___ / ___
Visit 5: ___ / ___ / ___	Visit 22: ___ / ___ / ___
Visit 6: ___ / ___ / ___	Visit 23: ___ / ___ / ___
Visit 7: ___ / ___ / ___	Visit 24: ___ / ___ / ___
Visit 8: ___ / ___ / ___	Visit 25: ___ / ___ / ___
Visit 9: ___ / ___ / ___	Visit 26: ___ / ___ / ___
Visit 10: ___ / ___ / ___	Visit 27: ___ / ___ / ___
Visit 11: ___ / ___ / ___	Visit 28: ___ / ___ / ___
Visit 12: ___ / ___ / ___	Visit 29: ___ / ___ / ___
Visit 13: ___ / ___ / ___	Visit 30: ___ / ___ / ___
Visit 14: ___ / ___ / ___	Visit 31: ___ / ___ / ___
Visit 15: ___ / ___ / ___	Visit 32: ___ / ___ / ___
Visit 16: ___ / ___ / ___	Visit 33: ___ / ___ / ___
Visit 17: ___ / ___ / ___	Visit 34: ___ / ___ / ___

PROMPT: FORWARD THIS FORM TO THE PROJECT DIRECTOR AT THE RECIPIENT SITE.

SECTION C: TO BE COMPLETED BY THE RECIPIENT SITE

C1. NEW ID # ASSIGNMENT: |_| -- |_|_| -- |_|_|_|_| -- |_|

PROMPT: FORWARD NEW ID TO WDMAC.