

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 **10/01/01c**.
- 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.

NOTE: The original site must do the data entry for this form. If **Question C1** is unknown, enter -9. When the new WIHSID has been assigned by the recipient site the original site must update the Transfer form in Apollo. It is the responsibility of the recipient site to notify the original site of the new WIHSID and the original site to update the form.

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 APOLLO 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 and inform the original site.

PROMPT: THE ORIGINAL SITE SHOULD ENTER THE ENTIRE TRANSFER FORM INTO APOLLO. UNTIL THE NEW WIHSID IS ASSIGNED BY THE RECIPIENT SITE, ENTER -9 IN QUESTION C1.