

**WOMEN'S INTERAGENCY HIV STUDY
TRANSFER FORM (TRANS)**

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

- A1. ORIGINAL PARTICIPANT ID#: |__|_|-|__|_|-|__|_|-|__|_|-|__|_|
- A2. FORM VERSION DATE: 10/01/01
- A3. LAST WIHS STUDY VISIT NUMBER AT ORIGINAL SITE: |__|_|
- A4. DATE OF LAST WIHS STUDY VISIT AT ORIGINAL SITE: |__|_| / |__|_| / |__|_|
M D Y
- A5. FORM COMPLETED BY: |__|_|_|
- A6. DATE FORM COMPLETED: |__|_| / |__|_| / |__|_|
M D Y

SECTION B: TRANSFER INFORMATION

- B1. TYPE OF TRANSFER
 TO ANOTHER CLINIC **WITHIN** THE CONSORTIUM 1 (B2)
 TO ANOTHER WIHS CONSORTIUM 2 (B3)
- B2. SUB-SITE / CLINIC TO WHICH THE PARTICIPANT TRANSFERS: |__|_| (PROMPT)

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

- B3. WIHS CONSORTIUM TO WHICH THE PARTICIPANT TRANSFERS
 BRONX/MANHATTAN 1
 BROOKLYN 2
 WASHINGTON, D.C. 3
 LOS ANGELES 4
 SAN FRANCISCO 5
 CHICAGO 6
- B4. THE FOLLOWING INFORMATION IS NEEDED TO UPDATE THE PARTICIPANT'S RECORDS AT THE NEW SITE:
- a. Participant date of birth: |__|_| / |__|_| / |__|_|
M D Y
- b. Preferred language: SPANISH 1
ENGLISH 2
- c. HIV status: SEROPREVALENT 1
SERONEGATIVE 2
SEROCONVERTER 3

WIHS ID#

d. Substudy enrollment:
(CIRCLE ALL THAT APPLY)

CARDIOVASCULAR 6
METABOLIC..... 7
INTENSIVE PK 8

OTHER SUBSTUDY..... 5

SPECIFY: _____

e. Dates of all prior visits (MM/DD/YY):

V1	___/___/___	V18	___/___/___	V35	___/___/___
V2	___/___/___	V19	___/___/___	V36	___/___/___
V3	___/___/___	V20	___/___/___	V37	___/___/___
V4	___/___/___	V21	___/___/___	V38	___/___/___
V5	___/___/___	V22	___/___/___	V39	___/___/___
V6	___/___/___	V23	___/___/___	V40	___/___/___
V7	___/___/___	V24	___/___/___	V41	___/___/___
V8	___/___/___	V25	___/___/___	V42	___/___/___
V9	___/___/___	V26	___/___/___	V43	___/___/___
V10	___/___/___	V27	___/___/___	V44	___/___/___
V11	___/___/___	V28	___/___/___	V45	___/___/___
V12	___/___/___	V29	___/___/___	V46	___/___/___
V13	___/___/___	V30	___/___/___	V47	___/___/___
V14	___/___/___	V31	___/___/___	V48	___/___/___
V15	___/___/___	V32	___/___/___	V49	___/___/___
V16	___/___/___	V33	___/___/___	V50	___/___/___
V17	___/___/___	V34	___/___/___	V51	___/___/___

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 ORIGINAL SITE FOR DATA ENTRY.