WOMEN'S INTERAGENCY HIV STUDY
DISENROLLMENT FORM

ID LABEL HERE ---> |__| - |__|__| - |__|__|__|__| - |__|

FORM COMPLETED BY:
___ ___ ___

VERSION DATE: 10/01/98

DATE OF THIS REPORT: ___ ___ / ___ ___ / ___ ___
M D Y

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1. Disenrollment type (circle all that apply):

	YES	NO
WIHS Core	1	2
WIHS Oral Substudy	1	2
WIHS NIDA HCU Study	1	2
WIHS NIDA Immunology/Virology Substudy	1	2

2. Reason for Disenrollment (circle one code only):
   Participant's decision to withdraw ..... 1 **(3)**
   Site decision to disenroll participant ..... 2 **(4)**

3. Reason for participant's withdrawal:

   Specify: _____ **(END)**

4. Reason for site's decision to disenroll:

   Specify: _____ **(END)**

THIS FORM SHOULD BE FAXED TO WDMAC PRIOR TO DATA ENTRY.