

**LOS ANGELES COUNTY
DIVISION OF HIV AND STD PROGRAMS
600 South Commonwealth Avenue, 10th Floor
Los Angeles, CA 90005
(213) 351-8173 [phone] (213) 487-9386 [fax]
ATTN: Juli-Carlos Henderson
jcarlos@ph.lacounty.gov**

DIRECTIONS: This form is to request STD-related surveillance data in L.A. County. Please complete the data request form and return via email, fax or mail to the contact person above.

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| Request from: Name: E-mail: Phone: |
| Date of request: |
| Date data needed: |
| Time period of data requested: |
| Disease(s) of interest: [CT, GC, SY (specify stage), HIV, etc.] |
| Population(s) of interest: (age, sex, race, SPA, etc.) |
| Description of data request: |
| Purpose of data request: |
| DO NOT FILL OUT - For Epi/IS Use <u>Only</u>: Assigned to: <input type="checkbox"/> Epi (name): <input type="checkbox"/> IS (name): |