

STD/HIV DATA REQUEST FORM
Bureau of Epidemiology
Houston Department of Health Human Services

FAX NUMBER: (713) 794-9182
PHONE NUMBER: (713) 794-9181

Before submitting requests for data, please consult the Annual STD/HIV Epidemiological Profile for Houston/Harris County at <http://www.ci.houston.tx.us/departme/health/STD-mainpage.htm> for the most updated information on sexually transmitted diseases in Houston for the past ten years.

Date Request Received: ___ / ___ / ___

Name: _____
Organization: _____
Phone: _____
Fax: _____
Email: _____

How would you like to receive data ?:
___ by mail : _____
Address: _____

___ by Email _____

Purpose: ___ Report
___ Article
___ Grant (Application due date: _____)
___ Presentation
___ Research
___ Other, please explain: _____

Date Data Needed: ___/___/___ *

**Data requests must be made AT LEAST 2 WEEKS in advance or data may not be available by date needed.*

Disease of Interest:

- ___ Chlamydia
- ___ Gonorrhea
- ___ Congenital Syphilis
- ___ Syphilis, Specify stages of interest: _____
- ___ HIV
- ___ AIDS

Data Time Period Requested: ___/___/___ to ___/___/___

Variables:** Please check the appropriate variables below.

- ___ sex
- ___ race
- ___ ethnicity
- ___ age
- ___ zip code
- ___ provider type
- ___ diagnosis month
- ___ diagnosis year
- ___ Other, please specify: _____

***Please note that not all variables may be available for the disease of interest OR due to confidentiality, may not be released.*

Note: All data will be released in simple tabular format (typically in Microsoft Excel) unless figures or specific tables already exist in a canned report, such as the quarterly HIV/AIDS data sheets released to the public by the Bureau of Epidemiology.

Request Received By: _____
Request Approved By: _____

Data Provided By: _____
Date Data Released: _____