

**OKLAHOMA STATE DEPARTMENT OF HEALTH  
HIV/STD SERVICE REQUEST FOR DATA**

RETURN COMPLETED FORM TO:	PLEASE TYPE OR PRINT INFORMATION BELOW	
<p>OKLAHOMA STATE DEPARTMENT OF HEALTH</p> <p>HIV/STD Service Surveillance and Analysis Department 1000 NE 10th St., Mail Drop 0308 Oklahoma City, OK 73117-1299</p> <p>Phone: (405) 271-4636 Fax: (405) 271-1187</p>	Name:	
	Title:	
	Organization:	
	Telephone Number:	Fax Number:
	Email Address:	
	Date of Request:	Desired Completion Date: <i>Should be 2-4 Weeks from Date of Request</i>
<p><i>Please allow 2-4 weeks for completion of data request. All future requests should be made 2-4 weeks in advance</i></p>		

**Detailed description of data requested:**

<p><b>1. Disease(s) of interest:</b></p> <p><input type="checkbox"/> HIV      <input type="checkbox"/> AIDS</p> <p><input type="checkbox"/> Chlamydia   <input type="checkbox"/> Gonorrhea</p> <p><input type="checkbox"/> Syphilis      <input type="checkbox"/> HIV Testing (CTR)</p>	<p><b>2. Categories of interest (check all the apply):</b></p> <p><input type="checkbox"/> Race/ethnicity   <input type="checkbox"/> Age groups</p> <p><input type="checkbox"/> Gender            <input type="checkbox"/> Mode of Exposure</p> <p><input type="checkbox"/> Other (specify):</p>
<p><b>3. Data time period requested (month/year or year):</b> <i>(Most recent year available is 2015)</i></p> <p><input type="checkbox"/> Cumulative (all years) ending (specify years):</p> <p><input type="checkbox"/> Single year period (specify year):</p> <p><input type="checkbox"/> Other (specify):</p>	<p><b>4. How will this data be used?</b></p> <p><input type="checkbox"/> Newspaper/Newsletter      <input type="checkbox"/> General Information</p> <p><input type="checkbox"/> Presentation/Education      <input type="checkbox"/> Grant Application</p> <p><input type="checkbox"/> Program Evaluation</p> <p><input type="checkbox"/> Other (specify):</p>
<p><b>5. Geographic area(s) requested (zip code data is not available):</b></p> <p><input type="checkbox"/> Statewide</p> <p><input type="checkbox"/> Single County (name):</p> <p><input type="checkbox"/> MSA or Area Code (specify):</p> <p><input type="checkbox"/> Combined counties (specify counties below):</p>	<p><b>6. How would like to receive data:</b></p> <p><input type="checkbox"/> By Mail (include address)</p> <p><input type="checkbox"/> By Email</p> <p><input type="checkbox"/> By Fax</p>
<p><b>7. Select the format for your data:</b></p> <p><input type="checkbox"/> Access      <input type="checkbox"/> Excel</p> <p><input type="checkbox"/> Word      <input type="checkbox"/> Other (specify):</p>	<p><b>8. Special instructions:</b></p>

**By submitting this data request, you agree to abide by the below following conditions:**

- I. All publications utilizing the information provided must acknowledge crediting the Oklahoma State Department of Health (OSDH), HIV/STD Service, as the original source.
- II. Any material derived from the information provided must include a disclaimer crediting any analyses, interpretation, or conclusions reached by the authors and not the HIV/STD Service, OSDH.
- III. Parties must assure that technical descriptions of the data are consistent with those provided by the HIV/STD Service, OSDH.
- IV. The data provided must not be used for purposes other than those stated in the data request agreement without prior written approval.
- V. Consultation with the HIV/STD Service staff to discuss uses, limitations, and interpretation of the data are **strongly** encouraged.

FOR OFFICE USE ONLY	--	FOR OFFICE USE ONLY	--	FOR OFFICE USE ONLY
Date Received:		Date Approved:		
Approval:		Approval:		
Initials:	Date:	Initials:	Date:	