

**LOS ANGELES COUNTY
SEXUALLY TRANSMITTED DISEASE PROGRAM**

2615 S. Grand Avenue, Room 500

Los Angeles, CA 90007

(213) 744-5905 [phone]; (213) 749-9606 [fax]

ATTN: Kai-jen Cheng

kcheng@ph.lacounty.gov

(Please call to confirm receipt of your fax or email)

DIRECTIONS: Please complete the data request form and return to address above.

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):