

HIV/STD Service Request for Data

RETURN COMPLETED FORM TO:	PLEASE TYPE OR PRINT REQUESTER INFORMATION BELOW	
<p>OKLAHOMA STATE DEPARTMENT OF HEALTH 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>
Please allow 2-4 weeks for completion of data request. All future requests should be made 2-4 weeks in advance		

Detailed description of data requested:

<p>1. Disease(s) of interest:</p> <p> <input type="checkbox"/> HIV <input type="checkbox"/> AIDS <input type="checkbox"/> Chlamydia <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Syphilis <input type="checkbox"/> HIV Testing (CTR) </p>	<p>2. Categories of interest (check all the apply):</p> <p> <input type="checkbox"/> Race/ethnicity <input type="checkbox"/> Age groups <input type="checkbox"/> Gender <input type="checkbox"/> Mode of Exposure <input type="checkbox"/> Other (specify): </p>
<p>3. Data time period requested (month/year or year): <i>(Most recent year available is 2010)</i></p> <p> <input type="checkbox"/> Cumulative (all years) ending: <input type="checkbox"/> Single year period: <input type="checkbox"/> Other (specify): </p>	<p>4. How will this data be used?</p> <p> <input type="checkbox"/> Newspaper/Newsletter <input type="checkbox"/> General Information <input type="checkbox"/> Presentation/Education <input type="checkbox"/> Grant Application <input type="checkbox"/> Program Evaluation <input type="checkbox"/> Other (specify): </p>
<p>5. Geographic area(s) requested:</p> <p> <input type="checkbox"/> Statewide <input type="checkbox"/> Single County (name): <input type="checkbox"/> MSA or Area Code (specify): <input type="checkbox"/> Combined counties (specify below): </p>	<p>6. How would like to receive data:</p> <p> <input type="checkbox"/> By Mail (include address) <input type="checkbox"/> By Email <input type="checkbox"/> By Fax </p>
<p>7. Select the format for your data:</p> <p> <input type="checkbox"/> Access <input type="checkbox"/> Excel <input type="checkbox"/> Word <input type="checkbox"/> Other (specify): </p>	<p>8. Special instructions:</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. The data provided may not be released to any third party.
- VI. A copy of any material derived from the information requested will be sent to the HIV/STD Service.
- VII. Consultation with the HIV/STD Service staff to discuss uses and limitations of the data are strongly encouraged.

For Office Use Only			
Date Received:		Date Approved:	
Approval:		Approval:	
Initials:	Date:	Initials:	Date: