REQUEST FOR HIV/AIDS SUMMARY DATA

Return completed form to:	**Please type or print requester information below.**		
California Department of Public Health Office of AIDS HIV/AIDS Case Registry Section MS 7700 P.O. Box 997426 Sacramento, CA 95899-7426 Phone: (916) 449-5866 FAX: (916) 449-5861	Requester name:	Requester title:	
	Organization:		
	Telephone number (include area code): ( )	E-mail address:	
	FAX number (include area code): ( )	Date of request:	Desired completion date:
	Please allow ten working days for completion of data request.		

Detailed Description of HIV/AIDS Data Requested:

1. Disease category:
- ☐ HIV (non-AIDS)
- ☐ Combined HIV and AIDS
- ☐ AIDS

2. Data time period* requested (month/year or year):
- ☐ Cumulative (all years) ending: _____
- ☐ Single-year period: _____
- ☐ Other (specify): _____

3. Purpose of data request (check all that apply):
- ☐ Research ☐ Grant application
- ☐ Program planning/evaluation ☐ Advocacy
- ☐ Report/journal article ☐ Presentation
- ☐ Internal health department use only
- ☐ Other purpose (specify): _____

4. Select the data format:
- ☐ Electronic file(s)† ☐ Paper documents(s)

5. Categories‡ of interest (check all that apply):
- ☐ Race/ethnicity ☐ Gender
- ☐ Age groups ☐ Mode of exposure
- ☐ Other (specify): _____

6. Geographic area(s) requested:
- ☐ Statewide ☐ Single county: _____
- ☐ Combined counties (specify below):

- ☐ Other (specify): _____

Special Instructions:

By submitting this data request I agree to the following provisions:

1. Protecting the confidentiality of HIV/AIDS surveillance information is the foremost concern of the Office of AIDS. The release of surveillance data containing individually identifying information is strictly prohibited. The terms and conditions for the release of data must be consistent with applicable laws.
2. The Office of AIDS reserves the right to suppress data to maintain case confidentiality. Data tables will not contain potentially identifying information, small cell values, or information on small population subgroups.
3. All publications using the data provided must acknowledge the Office of AIDS. The following is a suggested citation: California Department of Public Health, Office of AIDS, HIV/AIDS Case Registry Section, Data Request, <date>.
4. The dissemination of any interpretations or findings based upon the data provided must be accompanied by the following disclaimer: The authorized release of HIV/AIDS summary data by the California Department of Public Health, Office of AIDS should not be construed as an endorsement of any analyses, interpretations, or conclusions reached by the author(s).
5. The data provided will be used only for the purposes stated in the data request form.

* The time period for data requests is based on the period during which cases were reported, unless otherwise specified.
† All electronic files will be in PDF format.
‡ Specify categories in the Special Instructions box, if different from Office of AIDS monthly Surveillance Report.