

**LOS ANGELES COUNTY**  
**DIVISION OF HIV AND STD PROGRAMS**  
600 South Commonwealth Avenue, Suite 1920  
Los Angeles, CA 90005  
(213) 351-8654 [phone] (213) 487-9386 [fax]  
ATTN: Ryan Murphy  
[rmurphy@ph.lacounty.gov](mailto:rmurphy@ph.lacounty.gov)

**DIRECTIONS:** This form is to request STD-related surveillance data in L.A. County. Please complete the data request form and return via email, fax or mail to the contact person above.

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| <b>Request from:</b><br><br><b>Name:</b><br><br><b>E-mail:</b><br><br><b>Phone:</b>   |
| <b>Date of request:</b>   |
| <b>Date data needed:</b>  |
| <b>Time period of data requested:</b>   |
| <b>Disease(s) of interest: [CT, GC, SY (specify stage), HIV, etc.]</b>  |
| <b>Population(s) of interest: (age, sex, race, SPA, etc.)</b>   |
| <b>Description of data request:</b>   |
| <b>Purpose of data request:</b>   |
| <b>DO NOT FILL OUT - For Epi/IS Use <u>Only</u>:</b><br><b>Assigned to:</b><br><input type="checkbox"/> <b>Epi (name):</b> <input type="checkbox"/> <b>IS (name):</b> |