

Los Angeles County Division of HIV and STD Programs

STI Data Request Form

Please complete and return to Juli Carlos-Henderson (jcarlos@ph.lacounty.gov)



COUNTY OF LOS ANGELES
Public Health

Requestor Contact Information

Full name	
Organization	
E-mail	
Phone	

Request Information *Please provide the following information to request STI-related public health surveillance data in LA County.*

Description and purpose of data request. *Please include audience and variables of interest.*

Date of request	Date data needed	Date range of data requested to
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Infection(s) of interest

Chlamydia
 Gonorrhea
Syphilis, specify stage(s):
 Primary Secondary Early, non-primary non-secondary
 Late or unknown duration Congenital syphilis
 Other, specify: _____

Describe the population(s) of interest

Sex: F M All

Age range, specify: Youngest age: _____ Oldest age: _____

Race and ethnicity, specify: _____

Other, specify: _____

Geographic area, specify below as applicable:

SPA	
Health District	
Countywide Statistical Area	
Supervisorial District	
City Council District	
Other	

Notes on data preparation

Data will be prepared in table format and provided in a PDF document. If you have a desired data table template, please include a blank version in your email along with this form and we will complete to the best of our ability. Per LA County policy, some data may be suppressed due to concerns about privacy or statistical unreliability.