HIV is now reportable by NAME!

Here is information that providers need to report an HIV case:

Patient Information
- **Full Name (Last, First MI)**
- **Date of Birth**
- **Gender (M, F, MtF, FtM)**
- **Full SSN**

Reportable Cases
- **Any Positive HIV Test**
- **Complete case report form**
- **Keep log of cases you have already reported**

Demographic Info
- **Race/Ethnicity**
- **Zip/City/County**
- **Country of Birth**

Provider Info
- **Provider Name**
- **Street Address**
- **City, State, Zip**
- **Phone Number**

CONFIDENTIAL

◆ For case report form, call 213-351-8516 or visit us online at: http://lapublichealth.org/hiv/hivreporting.htm

◆ Send reports to: HIV Epidemiology Program, Los Angeles County
600 S. Commonwealth Ave, Suite 1260, LA, CA 90005