



**County of Los Angeles  
Department of Public Health  
Tuberculosis Control Program  
Epidemiology and Research Unit**

Epidemiology Data Request

Instructions for completing the Request Form for Epidemiology Data:

1. **Date of Request:**  
Please fill in the date that you are making the request for epidemiology data.
2. **Due Date:**  
Please fill in the date that you need to receive the data. Please allow at least ten (10) working days or two weeks between the Date of Request and the Due Date.
3. **Requester's Name, Organization Name, and Address:**  
Please fill in your full name (first and last), job title or degree if appropriate, the name of your organization, the street address, city, state, and ZIP code.
4. **Phone No./Fax No./Email Address:**  
Please fill in your telephone number with area code, your facsimile (fax) number with area code, and your e-mail address. This information is necessary so that we can reach you if we have questions regarding your data request.
5. **Description of Request and Reason for Request:**  
Please specify your request and describe the request clearly and in detailed format. Please give the reason for your data request: e.g., written report, presentation, college class, or grant proposal, etc.
6. **Materials available:**  
Please check the box or boxes corresponding to the fact sheet or report that you are requesting, if applicable.
7. **Please fax the completed form to the Tuberculosis Control Program office:**  
Facsimile number: (213) 749-0926 Voice telephone number: (213) 744-6160

Thank you very much for your cooperation!

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH**  
**TUBERCULOSIS CONTROL PROGRAM**  
 2615 South Grand Avenue, Room 507  
 Los Angeles, California 90007  
 TEL: (213) 744-6160 FAX: (213) 749-0926

**Request Form for Epidemiology Data**

Date of Request: \_\_\_\_\_

Due Date: \_\_\_\_\_

<b>Requester's Name, Organization Name and Address</b>		<b>Phone No./Fax No./Email Address</b>		
<b>Description of Request and Reason for Request</b>				
(Please describe your request clearly and precisely as much as possible)				
<b>Materials Available: Please check all that may apply and indicate the year.</b>				
General Fact Sheet	HIV Co-Infected Fact Sheet	Homeless Fact Sheet	Foreign-born Fact sheet	Annual Report
<b>Completed By (TBC Epi. Staff) and Comments</b>				
Date Completed _____				
<b>Approved/Not approved by (Supervisor at TB Control Administration) and Comments</b>				
Date approved _____				