

**OKLAHOMA STATE DEPARTMENT OF HEALTH
SEXUAL HEALTH AND HARM REDUCTION SERVICE REQUEST FOR DATA**

RETURN COMPLETED FORM TO:	PLEASE TYPE OR PRINT INFORMATION BELOW	
<p>Oklahoma State Department of Health Sexual Health and Harm Reduction Service Surveillance and Analysis Division 123 Robert S. Kerr Avenue, MS 0308 Oklahoma City, OK 73102</p> <p>Phone: (405) 426-8400 Fax: (405) 900-7586</p>	Name:	
	Title:	
	Organization:	
	Telephone Number:	Fax Number:
	Email Address:	
	Date of Request:	Desired Completion Date: <i>Should be at least 2-4 Weeks from request date</i>
<p>Please allow 2-4 weeks for completion of data request. All future requests should be made 2-4 weeks in advance</p>		

Detailed description of data requested:

<p>1. Disease(s) of interest:</p> <p><input type="checkbox"/> HIV <input type="checkbox"/> AIDS</p> <p><input type="checkbox"/> Chlamydia <input type="checkbox"/> Gonorrhea</p> <p><input type="checkbox"/> Syphilis <input type="checkbox"/> HIV Testing (CTR)</p> <p><input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C</p>	<p>2. Categories of interest (check all the apply):</p> <p><input type="checkbox"/> Race/ethnicity <input type="checkbox"/> Age groups <input type="checkbox"/> Sex at birth</p> <p><input type="checkbox"/> Gender <input type="checkbox"/> Mode of Exposure</p> <p><input type="checkbox"/> Other (specify):</p>
<p>3. Data time period requested (month/year or year):</p> <p><input type="checkbox"/> Cumulative (HIV Only) ending (specify)</p> <p><input type="checkbox"/> Single year (specify requested year):</p> <p><input type="checkbox"/> Other (specify):</p>	<p>4. How will this data be used?</p> <p><input type="checkbox"/> Newspaper/Newsletter <input type="checkbox"/> General Information</p> <p><input type="checkbox"/> Presentation/Education <input type="checkbox"/> Grant Application</p> <p><input type="checkbox"/> Program Evaluation</p> <p><input type="checkbox"/> Other (specify):</p>
<p>5. Geographic area(s) requested (zip code data is not available):</p> <p><input type="checkbox"/> Statewide</p> <p><input type="checkbox"/> Single County (name):</p> <p><input type="checkbox"/> Multiple Counties, not combined (names):</p> <p><input type="checkbox"/> Combined counties (names):</p> <p><input type="checkbox"/> MSA or Area Code (specify):</p>	<p>6. How would like to receive data:</p> <p><input type="checkbox"/> By Mail (include address)</p> <p><input type="checkbox"/> By Email</p> <p><input type="checkbox"/> By Fax</p>
<p>7. Select the format for your data:</p> <p><input type="checkbox"/> Word <input type="checkbox"/> Excel</p> <p><input type="checkbox"/> Other (specify):</p>	<p>8. Special instructions:</p>

By submitting this data request, you agree to abide by the below following conditions:

- I. All publications utilizing the information provided must acknowledge crediting the Oklahoma State Department of Health (OSDH), Sexual Health and Harm Reduction Service, as the original source.
- II. Any material derived from the information provided must include a disclaimer crediting any analyses, interpretation, or conclusions reached by the authors and not the Sexual Health and Harm Reduction Service, OSDH.
- III. Parties must assure that technical descriptions of the data are consistent with those provided by the Sexual Health and Harm Reduction Service, OSDH.
- IV. The data provided must not be used for purposes other than those stated in the data request agreement without prior written approval.
- V. Consultation with the Sexual Health and Harm Reduction Service staff to discuss uses, limitations, and interpretation of the data is **strongly** encouraged.

FOR OFFICE USE ONLY	--	FOR OFFICE USE ONLY	--	FOR OFFICE USE ONLY
Date Received:		Date Approved:		
Approval:		Approval:		
Initials:	Date:	Initials:	Date:	