



REQUEST FOR HIV/AIDS DATA
State Form 52748 (R/3-07)

*Date Requested

*Date Needed

*Type of Data AIDS HIV

*Name of Requestor _____

*Agency/Organization Affiliation

*Address

E-mail Address

*Phone Number

Fax Number

*Intended Use of Data

*Requested Data:

Use by ISDH

Suggestions Made to Requestor, including when data will be available (*living, cumulative, by gender, race, age, for state, county*)

Name of Staff who took Request

Subset:

Name of Person Compiling Data Request

Name of Person Releasing Data

Date of Release

If Not Released, Reason

Complete the * information and email to dhillman@isdh.in.gov or fax to 317-233-7663, or mail to ISDH, Clinical Data and Research, 2 N. Meridian St., 6C, Indianapolis, IN 46204. For questions, Call 317-233-7406.