



**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:

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**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](mailto: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.