



Emerging and Acute Infectious Disease Unit

Data Request Form

For a list of Notifiable Conditions in Texas, please go to <http://www.dshs.texas.gov/idcu/investigation/conditions/>
For TB/HIV/STD data, please contact the program at hivstd@dshs.state.tx.us.

PLEASE E-MAIL THIS REQUEST TO EAIDB.DATAREQUESTS@DSHS.TEXAS.GOV OR FAX TO 512-776-7616.

Today's Date*:	
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PART 1: REQUESTER INFORMATION

Requestor Name*:	
Agency/Organization*:	
Provide a minimum of <u>ONE</u> form of contact	
E-mail:	
Telephone:	ext.
Mailing Address:	

Purpose of Request*:	
Date Needed By*:	
Please allow a minimum of 10 business days for a response. * Required	

See Emerging and Acute Infectious Disease Unit's Data Release Policy for more information. If this is for media release, please contact the Communications Office at 512-776-7400.

PART 2: DATA REQUEST INFORMATION

Disease/Condition Requested:	
Timeframe Requested:	
Description of Data and Variables Requested (ex: Race/Ethnicity, Gender, Age)	
Note: We do not release data below county-level (including zip code level information) OR data that may lead to the identification of a patient.	
Additional Comments:	

PART 3: TO BE COMPLETED BY DSHS-EAIDU STAFF

Date Completed:		Completed By:	
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