

STD*MIS Data Request

Name of person requesting data

Title of person requesting data

Phone No.

Postal or email address

Date of request

Date required

Date provided (WVDSHH use only)

Description: (Be specific: demographics, infection, county vs. state-wide, date range, etc.)

Justification: (Use this only if specifying the date required)

Office of Epidemiology and Prevention Services
Division of STD, HIV, and Hepatitis
350 Capitol Street, Room 125
Charleston, WV 25301-3715
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