

# 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.)

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

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\_\_\_\_\_

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Division of STD, HIV, and Hepatitis  
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