



Tuberculosis Control Program

Tuberculosis Data Request Form

Welcome to the Los Angeles County Tuberculosis Online Data Request!

Basic information on Tuberculosis Statistics for Los Angeles County can be found on our website. Please check the [Tuberculosis Control Program Data and Statistics page](#) before completing a data request.

If the information that you need is not included in the [Tuberculosis Control Program Data and Statistics page](#), fill in and submit the Tuberculosis Data Request Form. **Please allow ten (10) working days for completion.**

Requester Contact Information

First Name:	Last Name:	Job Title:		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Organization:	Address:	City:	State:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone: (e.g. 5556667777)	Extension:	Fax:	Email:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Description of Request

Year(s):

Geographic Areas

Los Angeles County

Service Planning Area (SPA):

Health District (HD):

Public Health Center:

Area defined by Zip Code: (please specify)

Population demographic, risk variables: (specify as applicable: age group, gender, race, or other demographic/health-related information.)

How will these data be used?

- | | |
|---|--|
| <input type="checkbox"/> Journal Article/Letter | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Newspaper/Newsletter | <input type="checkbox"/> General Information |
| <input type="checkbox"/> Presentation/Education | <input type="checkbox"/> Grant Application |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Program Evaluation |