



HIV is now reportable by NAME!

Here is the information that providers need to report an HIV case:

Patient Information

- *Full Name (Last, First MI)
- *Date of Birth
- *Gender (M,F, MtF, FtM)
- *Full SSN

Reportable Cases

- *Any Positive HIV Test
- *Complete case report form
- *Keep log of cases you have already reported

For case report form, call **570-570-4213** or visit us online at:

<http://www.longbeach.gov/health/diseases-and-condition/reporting-requirement/report-cases-of-hiv/>

Send reports to a double envelope to:

Epidemiology Program

2525 Grand Ave., Suite 229 Long Beach, CA 90815

Demographic Information

- *Race/Ethnicity
- *Zip Code/City/County
- *Country of Birth

Provider Information

- *Provider Name
- *Address, City, State, Zip Code
- *Phone Number