

KIDSNET Data Request Form

Revised February 2019

Date of the request:			
Requestor's Information			
Organization Name			
First and Last Name			
Titles/Degrees			
Principal Investigator or Thesis Advisor (if applicable)			
Affiliation/Organization			
Full Address			
Phone:		Fax:	
			Email:
Information on other current investigations conducted with KIDSNET data			
List of other collaborators on the project			
Project Information			
Title			
Objectives	A		
	B		
	C		
	D		
	E		
Funding sources	A		
	B		
	C		
	D		
	E		
Data storage and security measures (confidentiality)			
Study evaluation methods			
Protocols for mid-stream corrections and modifications			
Use of study results			
Anticipated duration of analysis			

Request Information			
Period from which data is being requested (specific dates, etc.)			
Population (DOBs, age group, etc.)			
Data format and details (ASCII, comma delimited, etc.)			
Other			
Data Requested			
Field Name	Additional Information	Comments	
Notes			
Assigned to:		Date:	
Approved by:		Date:	
Other approvals:		Date:	
Completed by:		Date:	

Please fax or mail this request to: Rhode Island Department of Health - KIDSNET
 3 Capitol Hill, Room 302
 Fax: 401-222-5734
 DOH.Kidsnet@health.ri.gov