

Rhode Island Department of Health  
 Childhood Lead Poisoning Prevention Program  
<http://www.health.ri.gov/lead/>  
**DATA REQUEST FORM**

|  |   |                           |
|--|---|---------------------------|
|  | 1 | Aggregate data available  |
|  | 2 | Aggregate data to prepare |
|  | 3 | Raw-non confidential data |
|  | 4 | Confidential data         |

Please fill the form in FULL, except for shaded areas. Refer to the footnotes or call for further information.

|                              |  |    |                |
|------------------------------|--|----|----------------|
| 1                            | Date of request:   |    | Date Required: |
| 2                            | <b>Received:</b>   |    |                |
| <b>REQUESTOR<sup>1</sup></b> |  |    |                |
| 3                            | Requestor's Name   |    |                |
| 4                            | Principal Investigator (PI)<br>(if PI works with a faculty advisor, provide below information about the faculty advisor) |    |                |
| 5                            | Affiliation/Organization   |    |                |
| 6                            | Titles/degrees   |    |                |
| 7                            | Full Address   |    |                |
| 8                            | Phone, Fax, Email  |    |                |
| 9                            | Information on other investigations conducted  |    |                |
| 10                           | List of other collaborators in the project   |    |                |
| <b>PROJECT INFORMATION</b>   |  |    |                |
| 11                           | Project title  |    |                |
| 12                           | Research objectives <sup>2</sup>   | a. |                |
|                              |  | b. |                |
|                              |  | c. |                |
|                              |  | d. |                |
| 13                           | Processing data methods (if using a consultant company, include full information about the consultant)                   |    |                |
| 14                           | Data storage and security measures (confidentiality measures, if applies)  |    |                |
| 15                           | Study methods <sup>3</sup>   |    |                |
| 16                           | Methods to evaluate study  |    |                |
| 17                           | Protocols for mid-stream corrections and modifications   |    |                |
| 18                           | Use of study results   |    |                |
| 19                           | Anticipated/expected duration of analysis  |    |                |
| 20                           | Funding information and sources (available, pending, NA, federal, etc.)  |    |                |

<sup>1</sup> Providing a Curriculum Vitae of the Principal Investigator conducting the study will suffice for this section.

<sup>2</sup> Include rationale for the research in the form of references to the scientific literature justifying current proposal.

<sup>3</sup> Include copies of forms, questionnaires, consent forms, etc.

| CONTENT OF THE REQUEST        |  |                                    |                                      |
|-------------------------------|--|------------------------------------|--------------------------------------|
| 21                            | Period from which data is being requested (specific dates, etc.) |                                    |                                      |
| 22                            | Population (DOBs, ages, etc.)                                    |                                    |                                      |
| 23                            | Data format and details (ASCII, comma delimited, etc.)           |                                    |                                      |
| 24                            | Other  |                                    |                                      |
| Individual fields information |  |                                    |                                      |
| 25                            | <b>Field Name</b>  | <b>Max. Field Length available</b> | <b>Data type (date,numeric,etc.)</b> |
| 26                            |  |                                    |                                      |
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ADDITIONAL REMARKS:

**Purpose of Request : Please document the reason for this request and how you will use this data :**

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Please email request to Anne Cardoza, Data Manager at Anne.Cardoza@health.ri.gov