

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	Received:		
REQUESTOR¹			
3	Requestor's Name		
4	Principal Investigator (PI) (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		
PROJECT INFORMATION			
11	Project title		
12	Research objectives ²	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 ³		
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.)		

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

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

³ 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	Field Name	Max. Field Length available
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ADDITIONAL REMARKS:

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