



# KIDSNET DATA REQUEST FORM

Issued in November 2005

Date of the request:					
REQUESTOR'S INFORMATION					
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 in the project					
PROJECT INFORMATION					
Project title					
Project objectives	A				
	B				
	C				
	D				
Project funding and sources	A				
	B				
	C				
	D				
Data storage and security measures (confidentiality measures)					
Methods to evaluate study					
Protocols for mid-stream corrections and modifications					
Use of study results					
Anticipated/expected duration of analysis					
CONTENT OF THE REQUEST					
Period from which data is being requested (specific dates, etc.)					
Population (DOBs, ages, etc.)					

