



Rhode Island Department of Corrections  
Medical Research Advisory Group

COMPLETED RESEARCH FORM

Date of Update: \_\_\_\_\_

Project Title: \_\_\_\_\_

Short Title: \_\_\_\_\_  
Title that was used as a reference in all correspondence

Principal Investigator: \_\_\_\_\_  
Name, Title

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Key Contact: \_\_\_\_\_  
Name, Title

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Actual Completion Date: \_\_\_\_\_

Please use this form as a cover sheet on copies of the draft or final research results for review by the Medical Program Director/Medical Research Advisory Group and the Administrator of Planning & Research.

Medical Program Director  
Medical Research Advisory Group  
Rhode Island Department of Corrections  
39 Howard Avenue  
Cranston, RI 02920

Phone: (401) 462-1115  
Fax: (401) 462-2000

Administrator of Planning & Research  
Rhode Island Department of Corrections  
18 Wilma Schesler Lane, Dix Bldg., 1<sup>st</sup> Floor  
Cranston, RI 02920

Phone: (401) 462-3920

**NOTE:**

Final products resulting from all research conducted in accordance with the most recent version of RIDOC Policy 6.06 DOC, Research, must be submitted to the Administrator of Planning & Research or his/her designee prior to submission for publication, presentation and/or dissemination.

RIDOC may duplicate or disseminate final research reports to RIDOC staff as appropriate (e.g., research abstracts posted on RIDOC's website.)