

UTMB REQUEST FOR RESEARCH DATA

Please check: Health Information Management Pathology Laboratory Information Services
 Information Services Other _____

Reason for request: _____ Date: _____

Have you applied for an IRB review of your access to Protected Health Information? Yes No

If 'Yes', provide the IRB # _____ and approval date _____.

If 'No', then this research retrieval request will be considered "Preparatory to Research" and you must attest to the following:

I, _____, understand and agree that the use or disclosure of protected health information (PHI) is sought solely to develop a research concept or idea and not for any other purpose. I will not remove or further disclose any PHI from UTMB in the course of the review and I will only use and access PHI necessary for the purpose of determining if a research project is feasible. I will not make contact with any of the patients whose records I have reviewed, and I will not publish any data obtained pursuant to this access. I understand that if I wish to use or disclose any PHI obtained during this review for any other purpose, I must obtain IRB approval.

Signature: _____ Date: _____

Name of Requestor: _____ Faculty Staff Resident Intern

Student Hospital Employee

Department: _____ Ext: _____

Please give a detailed description of the information requested. The descriptions should include items like diagnoses, procedures, ICD-9-CM codes, or lab values or other related results.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Data Time Frame: _____ Specification: Sex: Male Female Both

Inclusive Age Groups: _____ Other: _____

Deadline Date: _____ Data/Records Needed By: _____

I agree to abide by the guidelines set forth by the Health Information Management Department, the Pathology Department and the Institutional Review Board for the review and receipt of protected health information. I also agree that if anytime in the future I decide to publish this information or present it outside of UTMB; I will obtain prior approval from the Institutional Review Board.

Signature of Authorized Requestor (Original signature required) _____