**RESEARCH PREPARATION FORM**

**University of Utah Health Sciences Center**

This form is used to request data/information from the University of Utah Health Sciences Center for the purpose of conducting activities in preparation for research. This may be used to access Protected Health Information (PHI) in order to design a research study or to assess the feasibility of conducting a study. **This form must be submitted to the IRB for approval prior to beginning research preparation.** For guidance completing this form, please see the document titled **Guidance for Accessing Protected Health Information** at <http://www.research.utah.edu/irb/guidelines/investigator_guidance.html>.

**A. CONTACT INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Person Requesting Records: |  | |  | Contact Person: |  | |
| uNID: |  | |  | Email: |  | |
| Email: |  | |  | Phone: |  | |
| Phone: |  | |  |  |  | |
| Department: |  | |  |  | | |
| Campus Address: |  | |  |  | |  |
| Persons to have access to data (list below): | | |
| *Name* | | *uNID* |
|  | |  |

**B. REQUEST DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Topic of research preparation: | |  | | | |
| 1. Describe how access to this information will help with research preparation: | | | |  | |
| 1. Time period of records: |  | | | | |
| 1. Location of records to be reviewed (Allegra, IDX, etc.): | | |  | | |
| 1. Will you be gaining access to the records via the Enterprise Data Warehouse (EDW)? | | | | | Yes  No |
| 1. Will you be gaining access to the records via the Utah Population Database (UPDB)? | | | | | Yes  No |

**C. DATA REQUEST**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Indicate the data elements that are needed for the research preparation: | | | |
| DX (specify):   |  | | --- | |  |   DRG (specify):   |  | | --- | |  |   Procedure(s) (specify):   |  | | --- | |  |   Age (year of birth)  Admission date (year)  Procedure date (year)  Discharge date (year)  Death date (year)  Zip code  State | | Date of Birth  Admission date (m/d/y)  Procedure date (m/d/y)  Discharge date (m/d/y)  Death date (m/d/y) | Name/initials  Phone/fax number  Address  Email address  MRN  SSN  Account number or ID number (specify type of number):   |  | | --- | |  |   Device/serial number  Identifying images  Other unique identifying information (specify):   |  | | --- | |  | |
| Other data elements  requested (please list): |  | | |
| *You may be contacted by a representative from the EDW in order to clarify the data elements requested.* | | | |

**D. INVESTIGATOR’S REPRESENTATION**

|  |  |
| --- | --- |
| As the principal investigator for this research preparation, I certify the following:   * + - 1. I solely seek to review Protected Health Information (PHI; see definition in 45 CFR 160.301, 164.501) that is necessary to prepare a research protocol or for similar purposes preparatory to research;       2. I will not remove PHI from the premises of the University of Utah Health Sciences Center in the course of the review; and       3. The PHI for which I seek use or access is the minimum necessary for the research preparation.       4. I will not recruit or contact any individuals identified in this preparation prior to approval by the Institutional Review Board of the research protocol.       5. I will not publish or present any information gathered in this preparation without IRB approval of the research protocol. | |
|  |  |
| Investigator’s Signature | Date |
| Investigator’s position/title: | |
|  |  |
| Signature of Faculty Sponsor  *Required for non-faculty investigators (i.e. students, fellows, employees, etc.)* | Date |

|  |  |
| --- | --- |
| **FOR ADMIN USE ONLY**  **DATA/INFORMATION REQUEST APPROVAL** | |
| This research preparation application has been reviewed and approved by: | IRB Director or Administrator:  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*\*RGE Director:  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*\**Required for access to UPDB records.* |

Original: Kept by the approving individual/office

Copies sent to: (1) Signing Investigator

(2) Enterprise Data Warehouse Officials, if applicable