

HIV Records Addendum Form*

*This form must be completed by any researcher desiring to conduct a review preparatory to research involving HIV records protected by New York law. This form must accompany one of the IRB review preparatory to research forms.

Name: _____ Signature: _____

Date: _____

A. My qualifications for conducting the research requested are as follows:

B. I hereby certify that I will not re-disclose, in any manner or form (e.g., verbal, electronic, written), any patient identifying information in the course of conducting the review preparatory to research. (initial here) _____.

IRB ACTION:

Approved (after consultation with applicable NYCHP clinic): _____ Denied: _____

IRB Representative Signature: _____ Date: _____