

IRB Review Preparatory to Research Form (Clinic Workforce Version)

Name: _____ Signature: _____

Center: _____

Date: _____

Approval obtained from NSU clinic: _____ (Yes) _____ (No)

Approval from NYCHP clinic obtained from: _____ Date: _____

A. Reason for preparatory collection of PHI:

B. Description of PHI and population to be used:

C. Does the review involve records with special protection (i.e., alcohol or substance abuse records, HIV records or mental health records): _____ Yes* _____ No

*The applicable addendum form **must** be submitted with this request.

D. I hereby certify and attest to the following: (Please initial by each statement):

- The use or disclosure is sought solely to review PHI as necessary to prepare the research protocol or other similar preparatory purposes and will not be used in any research prior to IRB approval _____
- The PHI will not be removed from the NYCHP clinic _____
- The PHI is necessary for purposes of preparatory research _____
- The patients will not be contacted unless researcher is patient's healthcare provider or member of clinic staff _____

IRB ACTION:

Approved: _____

Denied: _____

IRB Representative Signature: _____ Date: _____