

**IRB Research on Decedent's Information Without Authorization Form**

**Section I: To be completed by the researcher**

Name of Researcher: \_\_\_\_\_

Name of Research Project: \_\_\_\_\_

Briefly describe the protected health information that is needed for the research project:

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Describe why the protected health information for which use or disclosure is sought is necessary for the research purposes:

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Briefly describe the reasons why the research could not practicably be done without the protected health information listed above:

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Briefly describe the reasons why it is not practical to obtain authorization from the personal representatives of the decedents in order to conduct the research:

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I certify that the use or disclosure sought is solely for research on the protected health information of the decedent: \_\_\_\_\_ (initial here)

I certify that there is documentation of the death of the patients in question (researcher must provide documentation to NSU clinic if requested by clinic) \_\_\_\_\_ (initial here)

Signature of Researcher \_\_\_\_\_

**Section II: To be completed by the IRB**

IRB Action:

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Signature of IRB Officer or Representative \_\_\_\_\_

Date of IRB Action: \_\_\_\_\_