UTMB REQUEST FOR RESEARCH DATA

Please check:	☐ Health Information Management	☐ Pathology Laboratory Information Services
	☐Information Services	Other
Reason for rec	quest:	Date:
Have you appli	ied for an IRB review of your access to I	Protected Health Information? Yes No
If 'Yes', provide the IRB #		and approval date
If 'No', then the following:	nis research retrieval request will be cons	idered "Preparatory to Research" and you must attest to the
other pur I will on will not r data obta	rpose. I will not remove or further disclorly use and access PHI necessary for the patients who will be patients.	, understand and agree that the use or disclosure of ly to develop a research concept or idea and not for any ose any PHI from UTMB in the course of the review and ourpose of determining if a research project is feasible. I lose records I have reviewed, and I will not publish any ad that if I wish to use or disclose any PHI obtained obtain IRB approval.
Signature:		Date:
Name of Requestor:		□Faculty □Staff □Resident □Intern
Department:		☐Student ☐Hospital Employee Ext:
1	ocedures, ICD-9-CM codes, or lab valu	
		Specification: Sex: \(\square\) Male \(\square\) Female \(\square\) Both
		Other:
Deadline Date:	: Data/	Records Needed By:
and the Institut	tional Review Board for the review and r decide to publish this information or pres	h Information Management Department, the Pathology Department receipt of protected health information. I also agree that if anytime sent it outside of UTMB; I will obtain prior approval from the
Signature of A	uthorized Requestor (Original signature	required)

Form RRD01-7/04 (for additional forms go to https://my.utmb.edu/eforms/view_print_eforms_general.asp)