Principal Investigator’s Certification of Review of
Data Collection for Reviews Preparatory to Research 45 CFR 164.512

Principal Investigator: ________________________________
Department: ______________ Phone: ______________ Fax: ___________

I understand that the approval of this request is contingent upon my agreement:

1) That the use or disclosure is sought solely to review protected health information as necessary to prepare a research protocol or for similar purposes preparatory to research;

2) No protected health information is to be removed from the covered entity by the researcher in the course of the review; and

3) The protected health information for which use or access is sought is necessary for the research purposes.

I certify that I will carry out the proposed data collection in compliance with the principles stated above.

_________________________________   Date: ___________________
Signature of Principal Investigator

Approved By:

_________________________________   Date: ___________________
IRB Chair or Designee