ATTACHMENT D

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER at New Orleans

INSTITUTIONAL REVIEW BOARD

Principal's Investigator's De-Identification Form for Approved Exempt Research

Principal Investigator:		
Department:	Phone:	Fax:
from HIPAA requirem relatives, etc) are remo Names Address – (precinct, zij according to geographic Dates (exce Birth D Admiss Discha Date of Ages > ages an Telephone D E-mail Add Numbers Social Secu Medical Re Health Plan Account Nu Certificate Vehicle Ide Device Ider Biometric I Full face ph Any other u	ents if all of the following staved: All geographic subdivisions small o code, and their equivalent geoco of the current publicly available datunit contains less than 20,000 peopt for years) sates sion Dates rege Dates. Death 89 and all elements of dates (include elements may be aggregated into Numbers / Fax Numbers resses / Web Universal Resource for the Numbers. Beneficiary Numbers and Serial Numbers triffers and Serial Numbers and Serial Numbers dentifiers (e.g., finger or voice printotographic images and any companique identifying number, character information received or received or received or received.	Locators (URLs) / Internet Protocol (IP) Address nts) parable images
Cignotype of Dain singl	Investigator	Date:
Signature of Principal	investigator	
Approved By:		_
IRB Chair or Designee		Date:

Note: Privacy Rule states that information will be considered identifiable if the covered entity knows that the identity of the person may still be determined.