**REQUEST FOR REVIEW OF PROTECTED HEALTH INFORMATION**

**PREPARATORY TO RESEARCH**

***Reviews Preparatory to Research*** *– Complete this form for one or more of the following preparatory to research activities: 1) developing a research question or hypothesis, 2) preparing a research protocol, 3) writing a grant application, 4) assessing the feasibility of conducting a study or 5) determining eligibility of potential individual research participants. This form is necessary if the investigator is accessing PHI. If the feasibility can be determined without the investigator accessing PHI (i.e., # of patients with a specific diagnosis) this form is not necessary. The access to and use of protected health information in a review preparatory to research does not permit the continued use, or subsequent disclosure, by the researcher after it is determined that there is sufficient basis for a clinical trial or research study. At LSUHSC-NO an investigator may only use the preparatory to research provision to contact prospective research subjects through a member of the subject’s routine care team.*

**Principal Investigator:**

**Department:**

**Phone:**       **Email:**

**Institution Releasing Information/Covered Entity:**

1. **List members of the study team who are authorized to review health information on behalf of, or in addition to, the principal investigator:**
2. **Identify the source of the data:**
3. **Will the data be accessed remotely?** Yes No

*If “Yes”, you cannot print, download, copy, save, or otherwise retain PHI at the remote site.*

1. **Briefly describe the purpose of the review and/or data collection:**
2. **If applicable, describe where the identifiers (master subject key that links patients to the de-identified data) will be kept and the details of the secure location:**
3. **If applicable, explain the plan to destroy the identifiers (the master subject key) at the earliest opportunity consistent with the conduct of the research once data entry and analyses are completed:**

**I certify that:**

1. 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 will be removed from the covered entity by the researcher in the course of the review;
3. The protected health information for which use or access is sought is necessary for the research purposes;
4. The protected health information that will be reviewed is the minimum necessary for the preparation of this research.

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Signature of Principal Investigator Date

**Approved by Authorizing Official of Covered Entity or Covered Component**:

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Covered Entity

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Name (Print)

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Signature Date

**Submit a signed copy of this form to the LSUHSC IRB Office at** [**IRBOffice@lsuhsc.edu**](mailto:IRBOffice@lsuhsc.edu)