**THOMAS JEFFERSON UNIVERSITY**

**Review Preparatory to Research Request Form**

Version Date – FOR OHR USE: 11/11/21

**This request should be submitted if you intend to view potential subjects’ protected health information (PHI) for the purposes of conducting a review of records preparatory to research *before* submitting a protocol to the Institutional Review Board (IRB).**

**Requestor Information**

 Date:

 Name:

 Department:

 Location:

 Phone:

 Fax:

 E-mail:

**Principal Investigator information**

 Date:

 Name:

 Department:

 Location:

 Phone:

 Fax:

 E-mail:

**Brief description of the purpose of the review AND a description or classification of PHI to be collected (i.e., diagnosis ; procedures; zip code; etc):**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby certify the following:

 Principal Investigator or Research Coordinator

🗆 PHI will not be removed from Thomas Jefferson University in the course of the review

🗆 The use of PHI is solely to prepare a research protocol

🗆 The PHI requested is necessary for the purposes of research

🗆 I will not use or subsequently disclose PHI after it is determined that there is sufficient basis for a clinical trial or research study

🗆 I will submit the appropriate IRB form(s) if it is determined that the access, use, analysis or disclosure will be used to **conduct** a research study

**Once completed, please email this form to the Privacy Office at** **privacyoffice@jefferson.edu****.**

**Privacy Office Staff:**

**🗆 Approved \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 🗆 Denied \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**Comments:**

**Signature/date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**