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| **VCU IRB**  **RESEARCH on PHI of DECEDENTS REQUEST** | |
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| **Principal Investigator:** |  |
| **Email:** |  |
| **Research Coordinator:** |  |
| **Email:** |  |
| **P.O. Box #:** |  |
|  | |
| **PLEASE NOTE: This form should be submitted to request approval to review protected health information (PHI) within the VCU Affiliated Covered Entity (ACE) that only pertains to decedents. If the study involves PHI of living individuals and decedents, submit an IRB application instead of this form.** | |

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| **1. Describe the purpose of the research that requires access to PHI associated with deceased individuals.** | | | | | | | | |
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| **2. Describe the Protected Health Information (PHI) needed for this activity.** | | | | | | | | |
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| **3. Describe why access to the PHI is necessary to perform this research.** | | | | | | | | |
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| **4. By signing below, I affirm the following:** | | | | | | | | |
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| 1. The use is sought solely for research on the protected health information of decedents. | | | | | | | | |
| 1. Documentation will be provided, at the request of the covered entity, of the death of such individuals. | | | | | | | | |
| 1. The protected health information for which use or access is sought is necessary for research purposes. | | | | | | | | |
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| **signature of principal investigator:** | | |  | | **date of signature:** | |  | |
|  | | | | | | | | |
| **Submit 2 copies of this signed form to the Office of Research Subjects Protection at 800 E. Leigh Street, Suite 3000 or to IRBIntake@vcu.edu.** | | | | | | | | |
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| for vcu orsp use only | | | | | | | | |
| **reviewed by:** |  | | | | | **date:** | | |
| **approved:** | Yes | No | | Comments: Click here to enter text. | | | | |