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| **VCU IRB**  **REVIEW PREPARATORY TO RESEARCH FORM** | | | |
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| **Principal Investigator:** |  | | |
| **Email:** |  | | |
| **Research Coordinator:** |  | | |
| **Email:** |  | | |
| **P.O. Box #:** |  | | |
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| **PLEASE NOTE: This form should be submitted to request approval to review protected health information within the VCU Affiliated Covered Entity (ACE) for study feasibility purposes. Submission and approval of this form does not grant permission to contact potential participants.** | | | |
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| **1.** **Is this request associated with an existing IRB protocol?** | | Yes | No |
| If YES, IRB #: | | | |
| Protocol Title: | | | |

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| **2. Describe the Preparatory Research Activities.** | | | | | | | | |
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| **3. Describe the Protected Health Information (PHI) needed for this activity.** | | | | | | | | |
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| **4. By signing below, I represent that the following statements are true and correct regarding the uses and disclosures described above:** | | | | | | | | |
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| 1. 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. | | | | | | | | |
| 1. No protected health information will be removed from the covered entity by the researcher in the course of the review. | | | | | | | | |
| 1. The protected health information for which use or access is sought is necessary for research purposes. | | | | | | | | |
| 1. I understand that the approval of the use of disclosure of protected health information under a review preparatory to research will expire 6 months from the date of approval. After that time, PHI may no longer be accessed under this approval. | | | | | | | | |
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| **signature of principal investigator or designee:** | | |  | | **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. | | | | |