Review Preparatory to Research (Covered Entity Workforce) Form

Name: ___________________________ Signature: ____________________________

Center:  _______________________________________________________________

Date: __________________

IRB Center Representative Approval
(signature):_____________________________________________________________

Date: __________________

A. Reason for preparatory collection of PHI
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

B. Description of PHI and population to be used
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

C. I attest to the following: (Please initial by each statement)
1) The use of PHI is solely for review in preparation for research and will not be
   used in any research prior to IRB approval.
2) The PHI will not leave the health care facility.
3) The PHI is necessary for purposes of preparatory research.
4) The patients will not be contacted unless researcher is patient's healthcare
   provider or member of clinic staff.
