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| If you have any questions please contact us via email: UHTresearch@miami.edu or telephone # 305-243-5012 STUDY INFORMATIONIRB # Study Title PI Last Name, First NameDegreesOffice #:Email Address:Cell(recommended) #: PI Contact Information:PI has privileges to perform the study at UHT [ ]  Yes [ ]  No PI Department/Division: 1. Indicate if this chart review: Retrospective [ ]  and/or Prospective [ ]
2. Indicate the source of this chart review: UChart [ ]  Meditech [ ]  or Paper [ ]
3. Type of access needed for Meditech, eg. **view or print only**:
4. TOTAL # of patient charts to be reviewed:
5. Provide the date range of chart review:
6. How will data be analyzed:
7. Name(s) of study team members authorized to analyze data or N/A [ ]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Principal Investigator Last Name, First Name- PRINT** ) I hereby certify that the information provided below is correct and complete. **PI SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE (date/month/year):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **:** f |