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| If you have any questions please contact us via email: [UHTresearch@miami.edu](mailto:UHTresearch@miami.edu) or telephone # 305-243-5012  STUDY INFORMATION  IRB #  Study Title  PI Last Name, First Name  Degrees  Office #:  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 |