

Miami Valley Hospital (MVH) Human Research Protection Program (HRPP) Clinical Research Center (CRC): 6th Floor Weber CHE

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Request for Case Report Review by the MVH HRPP

The data will be recorded in an electronic database. Electronic acknowledgement will normally occur to the e-mail address listed (required). Address and fax information is optional and will be used for facsimile or United States Postal Service (USPS) notification in the event that we are unable to respond by e-mail for any reason. Please provide a phone number where we can contact you if we have any questions.

Save this completed form to your workstation and then send it as an e-mail attachment to the MVH Clinical Research Center at the e-mail address listed above. Alternately, print the completed form and send it to the CRC.

Applicant's Required Contact Information:	Applicant's Optional Contact Information:
First Name:	Mailing Address:
Last Name:	Address Line 2:
e-mail address:	City :
Phone Number :	State : Zip :
Department:	Fax Number:
	Physician ID: Pager # :

Principal Investigator(s)

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List the information for patient's whose records will be utilized in this case review.
A case review may include information from one to three patients.

Patient Name(s)	Medical Record Number(s)

Please check the boxes below to indicate the information that will be extracted from the above listed patient(s) medical record for the purpose of preparing the case report.

Complete Medical History:		Laboratory, Imaging and other test results :	
Records of physical exams:		Drugs or other medications prescribed :	
Other (specify) :			

- By submitting this Case Report Review request the applicant and Principal Investigator(s) agree to the following conditions:
- Patient confidentiality will be maintained by removal of all personal identifiers from the case presentation.
 - All records containing personal identifiers, which may be recorded during the case presentation, will be destroyed immediately after the case presentation has been completed.
 - Protected Health Information (PHI) will not be reused or disclosed to any other persons or entities except for those permitted by HIPAA regulations.
 - All electronic compilations of identifiable health information will be stored on protected network file servers and not on individual workstations, or any portable storage device or media.
 - Any files containing identifiable health information that are transmitted electronically will be password protected and encrypted.
 - Electronic submission of this information constitutes your signature. Sign below if sending a hard copy

Signature: _____