

**UH Chart Review Registration Form\***

For individuals who don’t already have access to charts and/or need access to new data sets you must submit an application to the Medical Informatics Committee. Please contact Anne Egan ([eganag@uhnj.org](mailto:eganag@uhnj.org) ext. 2-1800) for additional information and application.

**Please fax completed form to OCRA Research Billing Compliance Analyst: 973-972-8290.**

**Research Trial Investigator Information**

(Check all record systems that will be accessed)

**EPIC**  **SOVERA  PACS**  **LOGICIAN  PAPER RECORDS**

**TRANSCRIPTS**  **OTHER**

Co/PI Name:       Telephone# email

Co/PI Name:       Telephone# email

Department/Division:

Study Coordinator Name:      Telephone#:

WIRB/IRB Protocol#

Protocol Title:

In order to access University Hospital medical records, all personnel must have completed their annual Compliance, Ethics and HIPAA training.

A copy of your WIRB/IRB letter of approval must be provided to the Medical Records department upon request for access to records.

Please provide a list of the names and emails of all persons that will access chart reviews. These individuals must also be listed on the WIRB/IRB letter of approval for this study:

NAME EMAIL NAME EMAIL

**Note:** Physician and/or pertinent staff in the above mentioned protocol have agreed to access only those records to which he/she is authorized and not inquire access nor report on, or extract information that is not consistent within the research job functions and responsibilities. Violation of these conditions may constitute grounds for disciplinary action, up to and including termination of employment.

**I certify that I have completed all the necessary annual UMDNJ-University Hospital training programs**:

Co/Principal Investigator Signature