

## IRB Patient Records Endorsement Form INSTRUCTIONS

Think of this form as a permission slip. This is how a researcher asks the person in charge of patient records permission for access. The authorized person/endorser is the person in charge of the records. He/she gives you permission by endorsing (signing and dating) this form. Do not submit this form to the IRB without a signature at the bottom of page 2.

**Researcher** Complete Form Sections 1 – 3.

1. Complete a form for each Authorized Endorser if you need access to multiple record systems. See Example below.
2. Make contact with the endorser (phone or email) and send the endorsement form with your data collection specifications and short study summary to the Authorized Endorser.
3. Upload the endorsed (signed and dated) form to your IRB submission.

### **Example**

Investigator needs access to UnityPoint Health – Meriter Epic **and** PeriData.net.

- a) Complete one form for **UnityPoint Health – Meriter Epic**. Send it to the Authorized Endorser (Elizabeth Niebuhr and Emilee Smith) with your **data collection specifications for UnityPoint Health – Meriter Epic** and a short study summary.
- b) Complete second form for **PeriData.net**. Send it to the Authorized Endorser with your **data collection specifications for PeriData.net** and a short study summary.

### **Authorized Endorser**

1. Review the materials submitted by the researcher. Endorsement is your decision. You may ask for additional information or clarification.
2. Complete Section 4 if you wish to permit access to patient records, provide records, provide data derived from patient records, etc.
  - a. Use Comments to specify any particular arrangements between your department and the researcher. For example the frequency and logistics of running reports.
  - b. Type or print your name and title.
  - c. Print out the form. **Sign and date with heavy dark ink.** Your signature and date must show up once the document is scanned in to a computer.
  - d. Return the form (either hard copy or scanned) to the researcher.

**Questions:** Meriter IRB Office 417-6411 [liz.michaels@unitypoint.org](mailto:liz.michaels@unitypoint.org)

**Scroll >>> Form is on page 2.**

# UnityPoint Health - Meriter IRB Patient Records Endorsement Form

**Researcher:** Add study title and complete sections 1 – 3.

Study Title: \_\_\_\_\_

## 1. Names of Researchers Accessing Meriter Patient Records

**Principal Investigator**                      Email                                      Phone **(000) 123-1234**

Name                                      Email                                      Phone

Name                                      Email                                      Phone

**2. I need patient records from this date: \_\_\_\_\_ to this date: \_\_\_\_\_**

## 3. Select the system that contains the records you need.

Check Below	Record System or Data Base (What do you need access to?)	Authorized Endorser (person who signs the bottom of this form)
<input type="checkbox"/>	<b>UnityPoint Health – Epic</b> Medical Records Sept. 13, 2015 – Present	<b>HIM Director Elizabeth Niebuhr</b> 608-417-6402
<input type="checkbox"/>	<b>UnityPoint Health – MeriterCare Epic</b> Medical Records November 2009 to Sept 12, 2015	<b>HIM Manager Emilee Bailey</b> 608-417-6580
<input type="checkbox"/>	<b>Meriter Medical Records before November 2009</b> Hard copy, microfilm or microfiche records from storage.	<a href="mailto:MSN_HIMLeadership@unitypoint.org">MSN_HIMLeadership@unitypoint.org</a>
<input type="checkbox"/>	<b>PaceArt</b> UnityPoint Health-Meriter heart hospital patient pacemaker tracking data.	<b>Call heart hospital</b> (608) 417-6266 for endorser contact information.
<input type="checkbox"/>	<b>Meriter data from the National Cardiovascular Data Registry</b> UnityPoint Health-Meriter heart hospital	
<input type="checkbox"/>	<b>PeriData.net</b> Birth Certificate Registry and Abstract	<b>Call Perinatal Services</b> (608) 417-7491 for endorser information.
<input type="checkbox"/>	<b>Other</b> Please describe.	

**Researcher:** Email **this form**, your **Data Collection Specifications** and your **UnityPoint Health - Meriter IRB Application** (use the Printer Friendly button to print to PDF) to the Authorized Endorser (far right column above).

*For Endorser's Use Only.*

## 4. Endorser Comments (if any)

**Endorser Name and Title (Printed)**

**Endorser Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Use dark ink.*

**Researcher:** Upload the endorsed/signed form to your IRB submission.

04/2021