

The University of Alabama
College of Community Health Sciences
Request to Conduct Research

All research projects conducted at University Medical Center (UMC) &/or CCHS locations must be approved by the College of Community Health Sciences' Associate Dean for Research & Health Policy prior to the initiation of the study. This document confirms that the researcher has coordinated efforts with UMC faculty and staff and that a CCHS faculty member is part of the research project. **After your research project has received IRB approval, a copy of the stamped cover page of you IRB proposal prior to the implementation of your project is required (email to tsdavis9@ua.edu).** For full details, refer to CCHS' website, <http://cchs.ua.edu/research/request-to-conduct-research>.

Questions/contact: **Martha Crowther, PhD, MPH**, Associate Dean for Research & Health Policy, mrcrowther@ua.edu.

Please type requested information below, print, obtain appropriate signatures and submit with a copy of your IRB proposal & supporting information to: Tiffany Davis tsdavis9@ua.edu.

PROJECT INFORMATION

Principal Investigator (PI): _____ Title: _____

College: _____ Dept/Center: _____ Campus Box # 870_____

Email: _____ Phone: _____

Proposal Title: _____

Project Period: _____ to _____

List HIPAA and Ethics training dates, & attach certificates:

PI, Sub-investigator(s), collaborators	HIPAA	Ethics training	PI, Sub-investigator(s), collaborators	HIPAA	Ethics training
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

EHR (Electronic Health Record) Access Required: Yes No If Yes, list who will need access and explain why:

APPROVALS

Faculty Collaborator – A CCHS Faculty Collaborator is required if you are a student or faculty outside of CCHS.

I have reviewed the proposal and endorse it with respect to the technical quality, appropriateness, and compatibility with UMC and the CCHS established protocols and procedures.

Collaborator Name (typed)	Collaborator signature	Date
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Clinic(s) involved

	<u>Clinic Director signatures</u>	<u>Date</u>	<u>Department Chair signatures</u>	<u>Date</u>
Clinic	_____	_____	_____	_____
Faculty/Staff	_____	_____	_____	_____
FIRM	_____	_____	_____	_____
OB/GYN	_____	_____	_____	_____
Pediatrics	_____	_____	_____	_____
Psychiatry/BH	_____	_____	_____	_____
Social Work	_____	_____	_____	_____
Sports Medicine	_____	_____	_____	_____
UMC-NP, Demopolis, etc.	_____	_____	_____	_____

Location: _____

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Clinic - Study Requirements			
1st Clinic: N/A Select all that apply: Billing/Coding Issues _____ Staff Support _____ Financial Assistance _____ Supplies _____ Space _____ None _____	Clinic Director/Dept Chair Comments: _____ _____ _____ _____ Director Signature / Date	2nd Clinic: N/A Select all that apply: Billing/Coding Issues _____ Staff Support _____ Financial Assistance _____ Supplies _____ Space _____ None _____	Clinic Director/Dept Chair Comments: _____ _____ _____ _____ Director Signature / Date

Director of Nursing	Administrative Coordinator of Clinical Services
N/A _____ Signature: Louanne Friend / Date	N/A _____ Signature: Rori Prince / Date

Lab / X-Ray	Explain below. Select all that apply: Billing/Coding Issues _____ Staff Support _____ N/A Financial Assistance _____ Supplies _____ Space _____	Director Comments: _____ _____ _____ Signature: Paul Abel / Date
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Medical Records	Explain below. Select all that apply: Billing/Coding Issues _____ Staff Support _____ N/A Financial Assistance _____ Supplies _____ Space _____	Director Comments: _____ _____ _____ Signature: Heather Sheffield / Date
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EHR Access	Director Comments: N/A _____ _____ _____ Signature: Amy Sherwood / Date
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HIPAA Privacy	Director Comments: N/A _____ _____ _____ Signature: Heather Sheffield / Date
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Financial	CFO Comments: N/A _____ _____ _____ Signature: Allison Arendale, Chief Financial Officer / Date
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Operational	CMO Comments: N/A _____ _____ _____ Signature: Thomas J. Weida, Chief Medical Officer / Date
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CCHS use only: Associate Dean for Research & Health Policy	EHR Access Approved: (Present the documentation of EHR access to Ann King) Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Martha Crowther, PhD, MPH _____ date Dean's Comments: _____ _____	_____ Tiffaney Davis, Grants & Contract Associate, CMPH