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. For full details, refer to CCHS' website, http://cchs.ua.edu/research/request-to-conduct-research.

Complete this form, obtain all necessary signatures, and attach the following applicable documents:
(1) A copy of your draft IRB proposal, (2) HIPAA completion certificates for all PI, Sub-Investigator(s),collaborator(s), (3) CITI training certificate (Human Research) for all PI, Sub-Investigator(s),collaborator(s), (4) recruitment documents, (5) surveys and/or questionnaires, and any additional supporting documents
Submit the completed form and attachments to CCHS Research Review Group at cchs-researchreview@listserv.ua.edu

If you have any questions, please contact: CCHS Research Review Group at cchs-researchreview@listserv.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 _____

Clinic(s) involved

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

Location: _____

The University of Alabama

College of Community Health Sciences

Request to Conduct Research

Clinic - Study Requirements

1st Clinic: select one...

☐ 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: select one...

☐ N/A

Select all that apply:

- ○ Billing/Coding Issues
- ○ Staff Support
- ○ Financial Assistance
- ○ Supplies
- ○ Space
- ○ None

Clinic Director/Dept Chair Comments:

Director Signature / Date

Chief Nursing Officer (CNO

☐ N/A

Signature: Robbin Young / Date

Director Medical Reception Services

☐ N/A

Signature: Rori Prince / Date

Lab / X-Ray

Select all that apply:

☐ N/A

Billing/Coding Issues
Staff Support
Financial Assistance
Supplies
Space

Explain below.

Director Comments:

Signature:Rhonda Waldrop / Date

Medical Records

Select all that apply:

☐ N/A

Billing/Coding Issues
Staff Support
Financial Assistance
Supplies
Space

Explain below.

Director Comments:

Signature: Heather Sheffield / Date

EHR Access

Director Comments:

☐ N/A

Signature: Amy Sherwood / Date

HIPAA Privacy

Director Comments:

☐ N/A

Signature: Heather Sheffield / Date

Financial

CFO Comments:

☐ N/A

Signature: Allison Arendale, Chief Financial Officer / Date

Operational

CMO Comments:

☐ N/A

Signature: Thomas J. Weida, Chief Medical Officer / Date

CCHS use only: Associate Dean for Research & Health Policy

Approved: ☐ Yes ☐ No

Martha Crowther, PhD, MPH date

Dean's Comments:

EHR Access Approved:

☐ N/A

(Present the documentation of EHR access to Ann King)

☐ Yes

☐ No

LaKeea Binion, Proposal Development Specialist