



Research Chart Pull Request - Health Information Management (HIM)

Please complete all sections of this form. The minimum turnaround time for a request is 7 to 10 days. Medical records are pulled on weekends and are available on Mondays. **Records may not be taken from HIM.**

Requestor Information:

Requestor - Name and Title:	
Email Address:	Phone # and Pager #: _____ / _____
Principal Investigator – Name:	Study Title:
IRB #:	Current Dates of Approval: From _____ to _____
Does the IRB require tracking of PHI (protected health information) disclosures? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Children’s workforce includes Children’s employees, CUMG employees, and Children’s residents and fellows. Are all members of the research team part of Children’s workforce? <input type="checkbox"/> Yes <input type="checkbox"/> No	

IRB Approval Type: *(Please check all boxes that describe the study and the IRB’s requirements.)*

<input type="checkbox"/> Full IRB Approval <input type="checkbox"/> Review for Recruitment or Eligibility (Informed Consent and HIPAA authorization are required for the study but are waived for <u>this</u> activity only.)	<input type="checkbox"/> Expedited IRB Approval <input type="checkbox"/> Exempt IRB Approval (All data obtained from medical records, CIS, and other databases must be de-identified for this research activity.)
<input type="checkbox"/> Informed Consent and HIPAA Authorization are required.	
<input type="checkbox"/> Informed Consent and HIPAA Authorization are waived.	

- **Recruitment or Eligibility** review: The signature below indicates that **all** PHI will remain within Children’s.
- **Exempt Research:** The signature below indicates that the data obtained from medical records will not include information that can identify any research subject either directly or indirectly.

Instructions

1. For all requests provide a patient list that includes at least patient name and medical record number. You may use the form available at [Patient List](#) or provide your own list. Medical records will be pulled in the order they appear on the list.
2. If Informed Consent and HIPAA Authorization are required by the IRB, a copy of the **HIPAA Authorization** must be provided for each patient whose record is requested. Medical records will not be released unless an authorization is included.
3. You may submit your request electronically by printing, signing, scanning, and emailing this form with the patient list and authorizations (if applicable) to ChartPullRequestResearch@seattlechildrens.org or in hard copy by mailing to HIM Filing (Mailstop OC.6.820).

Questions Contact HIM Filing at 206-987-2172.

Parameters for Medical Records: *(Please check one. Provide dates on the Patient List.)*

<input type="checkbox"/> Date of Service	<input type="checkbox"/> Type of Procedure (specify) _____
<input type="checkbox"/> Hospital Discharge Date	<input type="checkbox"/> Other Parameter (specify) _____

Authorized Signature: Must be signed by an investigator approved by the IRB.

X _____ **Date:** _____