

Neonatology Database Query Request

Name	<input type="text"/>	Date	<input type="text"/>
Affiliation	<input type="text"/>		
Phone Number	<input type="text"/>		
Email	<input type="text"/>		
IRB Available	<input type="checkbox"/> Yes	Approval Title	<input type="text"/>
		Approval Number	<input type="text"/>
	<input type="checkbox"/> No	<i>(IRB approval is required for any research related project prior to submitting this form) .</i>	
	<input type="checkbox"/> N/A		

Data Requested

Purpose	<input type="text"/>
Description (be specify)	<input type="text"/>
Time Frame	<input type="text"/>
Date Needed by	<input type="text"/>

Please note: All queries have to be reviewed and approved by Jocelyn Leung, M.D. Upon approval, there will be a (2) two week minimum turnaround time for the information to be retrieved and submitted to the requestor.

Approved _____

