University of Missouri -Columbia
Institutional Review Board

Data Collection using the Preparatory to Research provision 45 CFR 164.512

Principal Investigator:___________________________________

Department:_______________________ Phone:_____________Fax:_______________

E-mail:_________________________________

Use and/or disclosure sought: (Please describe, including location of information)

I understand that the approval of this request is contingent upon my agreement to the following:

1) That the use or disclosure is sought solely to review protected health information as necessary to prepare a research protocol or for similar purposes preparatory to research or to aid study recruitment which allows the researcher to identify prospective research participants for purposes of seeking their authorization to use or disclose protected health information for a research study. (If no treatment relationship exists the investigator must work with the treatment provider to contact potential research subjects);

2) No protected health information is to be removed from the covered entity by the researcher in the course of the review, and;

3) The protected health information for which use or access is sought is necessary for the research purposes.

I certify that I will carry out the proposed data collection in compliance with the principles stated above.

__________________________________________                       __________________
Signature of Principal Investigator                                                      Date