



RECORDS MANAGEMENT

This form must be completed if access to Records Management is required.
Please complete all questions and obtain the appropriate signature.

Principal Investigator: _____

REB #: _____

Name of Sponsor: _____

Study Start Date: _____

Study End Date: _____

Project Title: _____

Summary of Services Requested

- Estimated time period of study _____ (specify to reduce number of Volumes being recalled)
- Estimated number of charts to be requested _____ (\$5.00/ chart on site \$13.91 to \$15.54/ chart off site retrieval)
- Rate (schedule) you would like to receive charts _____

Billing Information

Contact Name: _____

email _____

Department: _____

preferred billing method: (email, mail, other)

Address: _____

Daytime Phone: _____

I have read HIS Research guidelines and agree to abide by the hospital policies governing health information (<http://pod/policies/Default.aspx>)

The undersigned agrees to pay for chart retrieval within 14 days of invoice date. Failure to keep account current may result in termination of chart retrieval agreement.

Signatures:

Date

Researcher

Date

Records Management Research Clerk