



RESEARCHER CERTIFICATION FOR REVIEWS PREPARATORY TO RESEARCH

This form must be completed by any researcher seeking access to protected health information in preparation for research.

Researcher Name: _____
Last First MI

INFORMATION REQUESTED

Please describe in the space below the protected health information you would like to review.

I seek access to the above protected health information solely to:

- ☐ Prepare a research protocol
☐ Other purpose preparatory to research; specify _____

SPECIFIC REPRESENTATIONS

I will not remove any of the above information from SUNY Downstate's premises during the course of my review.

I affirm that access to the above protected health information is necessary for my review preparatory to research.

I understand that I may not record any protected health information in a way that may directly or indirectly be used to identify particular individuals in accordance with the policy on De-Identification of Information.

I understand that I may not continue to use and disclose the protected health information described above without further permission once the Principal Investigator has determined to go forward with the study.

By signing below, I represent that all of the above statements are true.

Print Name of Researcher

Signature of Researcher

Date