Request for Memorial Hermann Electronic Medical Records Access for Research

Completely fill out this form and return via fax or email to the Memorial Hermann Clinical Innovation and Research Institute.
Email: MH.Research.Credentialing@memorialhermann.org   Fax:713-704-5124

Name:	Date of Birth:
Department:	
Email:	
Last 4 digits of SSN:	Phone Number:
Job Title:	Employee ID:
Prof. License (s):	Gender:

Request: New Account (Research Credentialing in process)

Renewal (Completed Research Credentialing: **Date: _____**)

Renewal (Had EMR access previously & Not Research or Allied Health Credentialed)

Please provide the IRB ID#, Title, Principal Investigator and IRB approval date for each study for which you need access.

You may submit your list of studies from the IRB portal via fax or email. You may also use the space below to write in study information.

PLEASE NOTE: Memorial Hermann <u>must</u> be a site listed on the IRB application for all studies, and applicant must be listed as study personnel in iRIS. *Please make sure that all IRB IDs and titles are accurate in order to avoid delays in processing this request. (Please do not list study aliases or acronyms as study titles)*

ALL STUDY INFORMATION IS <u>REQUIRED</u>.

Example: HSC-MS-XX-XXXX: Study Title. Principal Investigator. IRB Approval Date.

Memorial Hermann Electronic Medical Records required for study/studies:

Please indicate which portions of the Medical Record you will need to access to complete research (ex. H&P, Labs, Medication List, Progress Notes, Radiology, OR Notes, Discharge Summary, etc):

Please indicate specific Memorial Hermann medical record system, **database or registry** to which you need access (ex. Care4, Sovera, Pathnet, Neurocore, etc.) and for which **facilities** (ex. MH-TMC, MHMC, MH Katy, MHNE, All Facilities, etc.):

For what time period do you need access? Please note that the maximum length of access is one (1) year. After one (1) year you must resubmit this form to request extension.

Dates:

Do you already have access to the following?:

Care4?   Yes   No   **HIM Sovera?**   Yes   **No**   **Database specified above?**   Yes   No

Other?   _____

Please be aware that all UTHSC-H employees and students who access

ADMINISTRATIVE USE ONLY:

Approved: _____ **Expiration Date:** _____

       Patricia Tooley, BSN, RN, CIPP

       Vice President for Privacy Compliance

If Pathnet access is Requested:

Approved: _____

       Sandra Ratliff, MBA, MHA, MT(ASCP)

       Vice President for Laboratory Services

Type of Credentialing: Research   Allied Health