# Application for Research on Decedents’ Information

## Submission Instructions

The purpose of this document is to allow researchers conducting new decedent research at NYU Langone Health to submit relevant project information to NYU Langone Human Research Protections (HRP), the Institutional Review Board (IRB), and the Research on Decedents Oversight Committee (RDOC). The HRP website provides full instructions on submitting applications to the IRB. Please contact the HRP at 212 263-4110 with any questions.

## Administrative Information

|  |  |  |  |
| --- | --- | --- | --- |
| Study# |       | Date of this request |       |
| Study Title |       |
| Department |       | Division |       |

## Information Being Requested

|  |  |
| --- | --- |
| Give a brief description of the nature and purpose of your research |       |
| Describe the health information being requested |       |
| Describe the Protected Health Information you are requesting to review | [ ] Names (individual, employer, relatives, etc.)[ ] [ ] Address (street, city, county, precinct, zip code (initial 3 digits if geographic unit contains less than 20,000 people, or any other geographical codes)[ ] [ ] Telephone and fax numbers[ ] [ ] Social security numbers[ ] [ ] Dates (except for years)Birth dateAdmission dateDischarge dateDate of deathAges >89 and all elements of dates indicative of such age (except that such age and elements may be aggregated into a category “Age >90”)[ ] [ ] E-mail addresses[ ] [ ] Health plan beneficiary numbers[ ] [ ] Account numbers[ ] [ ] Certificate/license numbers[ ] [ ] Vehicle identifiers and serial numbers (e.g., VINs, license plate numbers)[ ] [ ] Device identifiers and serial numbers[ ] [ ] Web universal resource locators (URLs)[ ] [ ] Internet protocol (IP) address numbers[ ] [ ] Biometric identifiers (e.g. finger or voice prints)[ ] [ ] Full face photographic images) and any comparable images[ ] [ ] Any other unique identifying number, characteristic, or code; describe:       |
|  |  |

## PI’s Agreement

By checking each box below, I hereby represent the following to be true:

[ ]  That the use or disclosure is sought solely for research on the Protected Health Information of decedents. I will not request a decedent’s medical history to obtain information about another living person, such as a decedent’s living relative.

[ ]  I will provide documentation, at the request of the covered entity, of the death of any individual whose PHI I receive for this research; and

[ ]  The Protected Health Information for which use or disclosure is sought is necessary for my research purposes.

## PI’s Signature

|  |  |
| --- | --- |
| Date |       |
| Print Name |       |
| Signature | I certify that access to the above Protected Health Information is necessary for my research purposes, and that I will carry out the proposed data collection in compliance with the representations made above.I agree to provide, at the request of the Privacy Officer/IRB, documentation of the death of the decedent(s) named above. |

## IRB Chair’s (or Designee’s) Signature

|  |  |
| --- | --- |
| Date |       |
| Board Name |       |
| Print Name |       |
| Signature | The Human Research Protections (HRP) program has determined that this request for access to protected health information (“PHI”) satisfies the requirements of the HIPAA Privacy Rule. |