



Interoffice Memo

DATE: Month day year

PHONE: (888)888-8888

FROM: PRINCIPAL INVESTIGATOR'S NAME

TO: INSTITUTIONAL REVIEW BOARD

SUBJECT	CASE STUDY REQUEST
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To Institutional Review Board:

I intend to write and publish a case study of less than three cases. In this case study, we will look at the following criteria related to PRINT HERE . Our case study requires us to access patient medical records who meet our measures listed above. In accordance with HIPAA/ Arrowhead Regional Medical Center Confidentiality Agreement, identifiers of our patient are strictly limited to medical record number, ethnicity, age and sex, along with associated clinical data. All published poster presentations, abstracts and papers will be de-identified, with all names, medical record numbers and any other identifying material removed. Patient's age, sex and race will be used in publication for educational purposes. Only the principal investigator, co-investigator(s) and research coordinator will have access to the data that is obtained. Medical records and presentation documents will be kept within an encrypted password protected file on a password protected computer that is accessible only to the investigators involved in the study.

Respectfully Submitted,

Principal Investigator's Signature

Principal Investigator's Name (PRINT) AND Title

Department