**General Information**

Principal Investigator: Enter PI Name WVU Protocol Number:Enter protocol #

Personnel: Enter Name(s) of Everyone with Access to PHI

**HIPAA Identifiers Reviewed**

Please check each box for the expected HIPAA Identifiers that will be reviewed. Select all that apply:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Name | Geographic information smaller than state (i.e. zip code) | | Phone Number | Email Address | | Fax Number | Social Security Number (SSN) | | Health plan beneficiary numbers | Medical Record Number (MRN) | | Certificate/license numbers | Vehicle Identifiers and Serial Numbers | | Device Identifiers | Web Universal Resource Locators (URLs) | | Internet Protocol (IP) address numbers | Biometric identifiers, including finger and voice prints | | Account Number | Full Face photographic images and any comparable | | Other identifying number, characteristic, or code | Other (Please Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Elements of dates (except year) directly related to an  individual, including birth date, admission date, discharge  date, date of death; and all ages over 89 and all elements of  dates (including year) indicative of such age, except that such  ages and elements may be aggregated into a single category of  age 90 or older | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Note:** A unique identifying number, characteristic, or code does not mean the unique code assigned by the investigator to code the data. | | |

**Investigator Agreement**

I seek access to the above-referenced PHI solely for research on the PHI of decedent(s), as

indicated above. I understand that I may not request decedent’s medical history to obtain information about another living person(s), such as a decedent’s living relative.

I affirm that access to the above-referenced PHI is necessary for my research purposes.

I agree to provide, at the request of the Director of the Human Research Protection Program or his/her designee, documentation of the death of the decedent(s) noted above.

I represent that all of the above statements are true.