Request for Exclusion of Partial Study Data from EMR

Study data should only be excluded from a participant's EMR when the data is unusually sensitive, may be de-identified, or system is unable to process. Please complete the following form to request exclusion of specific study data.* ***Form processing may take up to 8 business days, please plan accordingly.***

Provide the following information

Date submitted: mm/dd/yy **Projected start date:** mm/dd/yy **Projected end date**:** mm/dd/yy

IRB protocol number: Text **Fund/GL number:** Text

Personnel submitting request (first and last): Text
Principal Investigator (first and last): Text
PI email address: Text
Primary financial contact (first and last), if different: Text
Primary financial contact email address: Text
Primary financial contact phone number: Text

Entity: BWH ____ DFCI ____ MGH ____ Faulkner ____ Spaulding ____ McLean ____

Sponsor type: DHHS ____ Industry ____ Internal (sundry, other) ____ Non-profit ____ Other Federal Private Foundation ____ Public Foundation ____ State/local ____

Type(s) of service(s) requested

Clinical/Laboratory: Text

CPT Code(s): Text

Estimated project volume: Text

1. Does the study require tissue sample processing through BWH's PowerPath?

   a. Yes ____ b. No ____

2. Does the study have de-identified samples that cannot be processed in a research CORE lab, and instead will be processed through the applicable institution's clinical lab?

   a. Yes ____ b. No ____

3. Additional comments: Text

*Please, note: requests for "sensitive" approval, for all study data to be processed by masking the title of the study within the EMR and keeping the protocol #, must be approved within the study's IRB application. The Research Billing Review process will remain the same for "sensitive" studies. Click here more information.

** CLR # will close by the end of the quarter where the projected end date falls, unless otherwise instructed.

Research Compliance sign-off: _____ Date: _____
Research Controller sign-off: _____ Date: _____