Cottage Health Data Use Committee

Specimen Collection Worksheet

For DUC Use:	
IRB #	
Date reviewed	

Please type directly into this form.

Project Title:		
Person submitting request:	Phone:	E-Mail:
Please list all individuals involved:	Phone:	E-Mail:
Sponsor, if any:		

1. What is the illness you are targeting?

2. What are the objectives of the specimen collection?

3. How many specimens are needed?

4. What specifically is going to be done with the specimens?

5. What are the inclusion and exclusion criteria?

6. Identify a list of discrete and specific data points required for this request.

Protected Health Information (PHI)

Which of the following identifiers will be associated with the data you propose to collect? Check all that apply.

☐ None of the data listed below will be collected.

☐	Names	☐	Telephone Numbers
☐	Address	☐	E-mail Addresses
☐	Fax Numbers	☐	Medical Record Numbers
☐	Social Security Numbers	☐	Account Numbers
☐	Health Plan Beneficiary Number	☐	Vehicle Identifiers and Serial Numbers

☐	Certificate/License Numbers	☐	Web Universal Resource Locators (URL)
☐	Device Identifiers and Serial Numbers	☐	Biometric Identifiers (finger and voice prints)
☐	Internet Protocol (IP) Address Numbers	☐	Any Elements of Dates (**specify which of the following identifiers you will use:** birth date, admission date, discharge date, date of death, age over 89) _____
☐	Any Geographic Subdivisions Smaller Than a State (**specify which of the following identifiers you will use:** county, city, parish, or zip code) _____		
☐	Full face photographic images and comparable images	☐	Any other unique identifying number, characteristic, or code (**please specify**): _____

My signature below attests that:

1) ***The information given in this request is correct to the best of my knowledge;***
2) ***I shall willingly comply with any/all required data use policies and parameters surrounding this request;***
3) ***I acknowledge that the DUC review is only one of the approvals and I may need to also contact the IRB in order to conduct the project; and***
4) ***I will not begin the project until all of the necessary approvals have been secured.***

_____ _____ _____

Name Signature Date

Manager/Director Attestation*

I have met with the individual interested in conducting the project and have determined that the project is feasible. I have reviewed the overhead needed to conduct the study and I am able and willing to support it.

My signature below attests that the individual will have the support of the department to conduct the project, and will be provided with sufficient resources to properly conduct and complete the project.

☐ *Not required

_____ _____ _____

Manager/Director's Printed Name Signature Date