

**REQUEST FOR DEPARTMENT APPROVAL (RDA) – HEALTH RECORDS**  
(to be filled by the researcher)

<b>Project Title:</b>			
<b>Principal Investigator (PI):</b>			
<b>Research Assistant(s):</b>			
<b>Main Contact Phone #:</b>		<b>Main Contact E-mail:</b>	

**REQUEST DETAILS**

Is this a mandatory academic requirement for a school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, please indicate the student name and institution:	
Is this a project being funded through a grant or award?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, please indicate funding source:	

**HEALTH RECORDS DETAILS**

Please outline which medical records will be used/accessed (i.e. Meditech, paper charts, etc.) if known?	Click or tap here to enter text.		
<b>CHART REVIEWS:</b> Please outline the parameters of the chart review and include the time period. <i>Example: All charts for children between the ages of 12-18 admitted to the Emergency Department with a head injury between January 1, 2018, and December 31, 2018.</i>	N/A <input type="checkbox"/> Click or tap here to enter text.		
<b>CLINICAL RESEARCH:</b> Do you expect that the research will require chart reviews as part of the patient’s enrollment and follow up in the study?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Number of charts requested (estimate): physical			
Number of charts requested (estimate): electronic			
The time frame for chart request: <i>Example: All charts required by April 1 or chart pulls can be spread out over a time period (April 1 to September 1)</i>			
Chart retrieval and processing funding: Is there designated funding to compensate Health Records for the costs associated with the study? (costing on back of page)	Yes <input type="checkbox"/> Source: _____ No <input type="checkbox"/> Pending <input type="checkbox"/> *Please note any approval given by SAH administration is conditional and dependent on the research team’s ability to compensate the department for their work.		

<b>Health Records will provide a fee quote based on the above information.</b>	
Note: There is no fee for NOSM student projects completed as part of mandatory academic requirements as long as the request is within reason. All requests are handled on a case by case basis.	
<b>Principal Investigators are responsible for all fees. Health Records will invoice for services rendered.</b>	
<b>Health Info Services Admin Fee</b>	<b>\$100.00</b>
<b>On Site/PDF Scanned</b>	<b>\$5.00 per chart pull</b>
<b>Off Site</b>	<b>Estimate will be provided by Health Records for any off-site transportation costs</b>
<b>Health Records Declaration</b>	
Please note that the expected turn-around time for review and approval is 2-3 business days.	
As evidenced by my signature below, my program is aware of the research project being proposed and acknowledges that this program is supportive of the research and able to accommodate and support the project as set out herein	
Health Records Manager Name:	
Health Records manager Signature:	
Date of Approval:	
<b>ATTN: Once signed, retain a copy of this document for your department records, scan an electronic copy to <a href="mailto:researchreview@sah.on.ca">researchreview@sah.on.ca</a> and return original to the principal investigator.</b>	

<b>PRIVACY DETAILS</b>
<b>Why is a Request for Department Approval (RDA) necessary?</b>
To track the impact research projects have on hospital operations and to ensure the necessary supports are in place to conduct a research project, every program affected by the project must approve their part in your project. Impact is defined as any procedure or research protocol that uses hospital resources above those normally required for practice and care.
<b>When is the RDA signed?</b>
Prior to commencing work on a research project, researchers are required to interact with the appropriate site/department/unit/program leadership regarding the study requirements. An RDA is intended to facilitate communication about the feasibility of new research projects and cost recovery between the study team and affected hospital programs (i.e. Health Records Department).
<b>Instructions to Complete the RDA:</b>
<ol style="list-style-type: none"> <li>1. Populate the RDA form with your research project information.</li> <li>2. Submit the documents electronically to <a href="mailto:researchreview@sah.on.ca">researchreview@sah.on.ca</a></li> <li>3. Once reviewed and approved, the signed RDA will be emailed to you. Please keep a copy for your records. <ul style="list-style-type: none"> <li>• <a href="mailto:Researchreview@sah.on.ca">Researchreview@sah.on.ca</a> is available to help you complete the form.</li> </ul> </li> </ol>
You will be required to complete SAH's Research Data Sharing Agreement prior to attending the Joint GHC/SAH REB for approval. This Agreement must accompany your application.
Once Joint GHC/SAH REB Approval has been received, and you need to access electronic health records for your research project, a separate research account may be required. It is the responsibility of the researcher to contact the SAH Privacy Office at 705-759-3434 ext. 6866 or <a href="mailto:febbrarol@sah.on.ca">febbrarol@sah.on.ca</a> to confirm if new login credentials are required for research purposes. Researchers must provide the Privacy Office with a copy of their Joint GHC/SAH REB Approval Letter prior to having access to charts or patient information for research purposes.