**Quality Improvement Data Collection Form**

*This form is meant for Quality Improvement projects looking to request PHI and is NOT a HIPAA waiver.*

Submit this form if you will access identifiable records without written authorization

1. To abstract identifiable information for QI work
2. To create a limited data set,
3. To de-identify data for use in QI work, or
4. To request or access a de-identified data set.

**Please provide the following information about your study:**

IRB Application Number (if applicable):

Project Title:

Principal Investigator:

Department/School:

**Please provide the following information about the data you plan on collecting:**

1. Please list the data elements you plan on collecting. If necessary, you may upload a separate file.
2. Describe the source(s) of the information (e.g., EPR, records from previous study, pathology archive) that you want to access:
3. Describethe plan to destroy the participant identifiers at the earliest opportunity consistent with the conduct of research, unless retention is required for reasons of health, research, or law. Please explain if the participant identifiers will be stored or retained and the length of time they will be stored or retained:
4. Explain why the QI work could not practicably be conducted without these data elements. Please specifically explain this in regards to any PHI you are requesting:

Agreement:

By electronically submitting this form, you agree that you and your team will NOT disclose this information for any other purpose than the completion of your quality improve study. This information will not be shared outside of the study team without permission from the practice, department, or entity that the data is from.