University HOSPITAL
Newark, NJ

UH Chart Review Registration Form

This form is required as part of the process to register a retrospective chart review/secondary use study with University Hospital. A description of additional requirements for registering your study with University Hospital may be found at: http://njms.rutgers.edu/research/clinical_research_admin.cfm

NJMS Researchers: Scan and e-mail the completed and signed forms to OCRAreview@njms.rutgers.edu..

All other Researchers: Scan and e-mail the completed and signed forms to UH-CRS@uhnj.org. You will be contacted with further information for processing your project for approval.

<p style="color:red;text-align:center">PLEASE COMPLETE THIS DOCUMENT ELECTRONICALLY</p>

Study Information from UH record system:
☐ **EPIC**   ☐ **OTHER (List):** _____
☐ **PAPER RECORDS** (**NOTE**: Charges will be incurred for retrieval)

PI Name: _____   **Telephone #**: _____   **RU/UH email**: _____

Study Coordinator (if not PI): _____ **Telephone #**: _____   **RU/UH email**: _____

Department/Division: _____   **Rutgers eIRB Protocol #**: Pro _____

Protocol Title: _____

Please provide a list of the names and emails (**rutgers.edu/uhnj.org only**) of all persons that will access the UH medical record system(s). These individuals must also be listed on the IRB letter of approval for this study:

NAME	EMAIL	NAME	EMAIL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are reports from IST required?   ☐ **No,** →   Describe how you will collect the data:

_____

☐ **Yes** → Complete page 2 of this form and the UH - Universal Report Request Form at:
https://research.njms.rutgers.edu/redcap/surveys/?s=CCCFKNKTD7

NOTE: Physicians and/or pertinent staff in the above-mentioned protocol have agreed to access only those records to which he/she is authorized and not inquire access nor report on, or extract information that is not consistent within the research job functions and responsibilities. Violation of these conditions may constitute grounds for disciplinary action, up to and including termination of employment.

I certify that I have completed all the necessary annual - Compliance, Ethics and HIPAA training programs:

Principal Investigator Signature: _____   **Request Date**: _____

Report Request Information – This page should be uploaded when completing the Universal Report Request for Research or QA/QI.

☐ **Yes,** → Complete the following to provide in as much detail as possible about the data/report being requested

    a. **Patient Class to be enrolled**: ☐ Inpatient ☐ Outpatient ☐ Same Day Surgery ☐ Medical Procedures ☐ Emergency Department ☐ Ancillary (Radiology/Lab) ☐ Ambulatory Care:

    b. **Specific Time Frame: from:** _____ **to:** _____ (**Note**: Dates must match eIRB approved protocol)

    c. **Specific ages:** ☐ All ☐ 18 or older ☐ Other

    d. **Gender:** ☐ All ☐ Male (only) ☐ Female (only)

    e. **Race:** ☐ All Specify: _____

    f. **Discharge status:** ☐ All ☐ Discharged Alive ☐ Discharged Deceased ☐ Discharged AMA

    g. **Request for Hospital Coded Data:**
        1. If your sample includes a request for inpatient encounters that include specific operative procedures, please provide ICD-9 and/or ICD-10 procedure codes. Hospitals do not use CPT codes to report procedures on inpatient claims.
        2. If your sample includes a request for outpatient procedures, please provide CPT codes within range 10000 – 69999. CPT codes outside of this range are generally not coded by HIM. Any data request for codes outside of this range requires submission (by UH-CRS) to IS&T and/or the specific ancillary department to determine if/how this information can be obtained.
        3. ICD-10 and ICD-9 codes: You may need to submit codes from both ICD data sets depending on the date range associated with your data request. See below.
            • ICD-9 diagnosis codes (used on all encounter types with discharge/visit dates 9/30/15 and prior):
            • ICD-10 diagnosis codes (used on all encounter types with discharge/visit dates 10/1/15 forward):
            • ICD-9 procedure codes (for INPATIENT encounters with discharge dates 9/30/15 and earlier):
            • ICD-10 procedure codes (for INPATIENT encounters with discharge dates 10/1/15 forward):
            • CPT procedure codes (OUTPATIENT ONLY in range 10000 – 69999):
        4. Enter code requests below in the Comment/Narrative field.
    h. Comments/Narrative:

_____

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