



### PREPARATORY TO RESEARCH ATTESTATION

This form must be submitted to Clinical Research Informatics and Analytics (CRIA) when accessing Protected Health Information (PHI) for purposes preparatory to research without a waiver from the IRB. If you have questions about this form and/or the research privacy policies at Allina Health, please contact the Office of Research Integrity at [researchcompliance@allina.com](mailto:researchcompliance@allina.com). Send the completed form to [ResearchAnalytics@allina.com](mailto:ResearchAnalytics@allina.com)

Preparatory to research means actions taken to prepare for research, such as designing a study, assessing the feasibility of conducting a study, and determining the existence of a necessary population base, including chart review. If you cannot make the representations listed below, you need to seek a partial waiver from the IRB. To contact the IRB, please email: [irb@allina.com](mailto:irb@allina.com).

#### PI INFORMATION

Principal Investigator Name: Click or tap here to enter text. Phone #: Click or tap here to enter text.

Street Address:

City/State/Zip:

Click or tap here to enter text.

Click or tap here to enter text.

Email Address:

Click or tap here to enter text.

Name of Study/Project (use same name as provided in IRBNet if possible): Click or tap here to enter text.

IRBNet#: Click or tap here to enter text.

The researcher represents that:

- Use or disclosure is sought solely to review protected health information as necessary to prepare a research protocol or for similar purposes preparatory to research;
- No protected health information is to be removed from Allina Health by the research in the course of the review;
- The protected health information for which use or access is sought is necessary for research purposes;
- Researcher will safeguard data to protect it from unauthorized disclosure;
- The protected health information will not be re-used or disclosed to any other person or entity, except as required by law, for the authorized oversight of the research study, or for other research for which the use or disclosure of protected health information would be permitted by the Privacy Regulation (45 CFR 164.512)

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Signature of Researcher (Principal Investigator) and Date