



## RECORDS MANAGEMENT

This form must be completed if access to Records Management is required.  
Please complete all questions and obtain the appropriate signature.

Principal Investigator: \_\_\_\_\_

REB #: \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_

Study Start Date: \_\_\_\_\_

Study End Date: \_\_\_\_\_

Project Title: \_\_\_\_\_

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### Summary of Services Requested

- Estimated time period of study \_\_\_\_\_ (specify to reduce number of Volumes being recalled)
- Estimated number of charts to be requested \_\_\_\_\_ (\$5.00/ chart on site \$13.91 to \$15.54/ chart off site retrieval)
- Rate (schedule) you would like to receive charts \_\_\_\_\_

### Billing Information

Contact Name: \_\_\_\_\_

email \_\_\_\_\_

Department: \_\_\_\_\_

preferred billing method: (email, mail, other)

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

I have read HIS Research guidelines and agree to abide by the hospital policies governing health information (<http://pod/policies/Default.aspx>)

The undersigned agrees to pay for chart retrieval within 14 days of invoice date. Failure to keep account current may result in termination of chart retrieval agreement.

### Signatures:

\_\_\_\_\_

Date

\_\_\_\_\_

Researcher

\_\_\_\_\_

Date

\_\_\_\_\_

Records Management Research Clerk