

**TULANE UNIVERSITY**  
**APPLICATION FOR I.R.B. WAIVER OR ALTERATION AUTHORIZATION**

Project title: \_\_\_\_\_

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

1) Describe the protected health information you plan to review and the purpose for your review. Protected health information may not be reused or disclosed to any other person or entity, except as required by law.

2) Describe or list sources of names of patients whose PHI will be included in this review (e.g. search of electronic records or lab database, review of physician's cases, review of departmental log or census).

3) If this review is to identify prospective research subjects, describe the plans for contacting prospective subjects. For reviews preparatory to research, protected health information may not be removed from the covered entity's site.

4) Describe the plans to protect subject identifiers from improper use and disclosure.

5) Describe plans to destroy the participant identifiers at the earliest opportunity consistent with the research unless retention is required for reasons of health, research, or law. Please explain when/if the participant identifiers will be stored or retained. If there is a health or research justification for retaining the identifiers, please explain.

6) Explain why the research could not practicably be conducted without the waiver.

7) Explain why the research could not be practicably conducted without access to and use of the PHI.

My research team and I will comply with the use and disclosure restrictions described above.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)