

ATTACHMENT B

**LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
at New Orleans**

INSTITUTIONAL REVIEW BOARD



**Principal Investigator's Certification of
Requisition for Research on Decedent's Information**

Principal Investigator: _____
Department: _____ Phone: _____ Fax: _____

I understand that the approval of this request is contingent upon my agreement:

- 1.) Representation that the use or disclosure is sought is solely for research on the protected health information of decedents;
- 2.) Documentation, at the request of the covered entity, of the death of such individuals; and
- 3.) Representation that the protected health information for which use and disclosure is sought is necessary for the research purposes.

Will you need identifiers of the deceased of their relatives, employers or household members?

___ **No** ___ **Yes**

If **No**, please sign below.

If **Yes**, you must sign a Data Use Agreement for the use of a Limited Data Set.

OR

If Protected Health Information (PHI) will be disclosed on decedent's relatives, employers or household members, then the research proposal must be submitted to the Institutional Review Board (IRB) for prospective review.

I certify that I will carry out the proposed data collections in compliance with the principles stated above.

Signature of Principal Investigator

Date

Approved by:

IRB Chair or Designee

Date