**ATTACHMENT C**

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

**INSTITUTIONAL REVIEW BOARD**

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**Principal Investigator's Certification of Review of**
**Data Collection for Reviews Preparatory to Research 45 CFR 164.512**

Principal Investigator:_____

Department: _____Phone: _____ Fax: _____

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

1) That the 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;

*2)* No protected health information is to be removed from the covered entitiy by the researcher in the course of the review*; and*

3) The protected health information for which use or access is sought is necessary for the research purposes.

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

_____ Date: _____
Signature of Principal Investigator

Approved By:

_____ Date: _____
IRB Chair or Designee