

**THE UNIVERSITY OF ALABAMA  
SCHOOL OF MEDICINE, TUSCALOOSA CAMPUS  
REQUEST TO CONDUCT RESEARCH AT UMC  
INTERNAL COORDINATION SHEET**

Date Received \_\_\_\_\_

**PROJECT INFORMATION**

Proposal Title \_\_\_\_\_

Project Period: \_\_\_\_\_ to \_\_\_\_\_

Project Director/Principal Investigator \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

College \_\_\_\_\_ Department/Center \_\_\_\_\_

List your sub investigators and collaborators and give HIPAA and Ethics training dates for each:

\_\_\_\_\_

HIPAA Training completed (Date): \_\_\_\_\_ (please attach your certificate)

Ethics Training completed (Date): \_\_\_\_\_ (please attach your certificate)

EMR Access Required \_\_\_\_ Yes \_\_\_\_ No

If Yes, list who will need access and explain why: \_\_\_\_\_

**APPROVALS**

*I have reviewed the proposal and endorse it with respect to the technical quality, appropriateness, and compatibility with the University Medical Center and the College of Community Health Sciences (CCHS) established protocols and procedures.*

**CCHS Faculty Collaborator Name:** \_\_\_\_\_

\_\_\_\_\_

**CCHS Faculty Collaborator (signature, if approved)**

**Date**

**Department Name:** \_\_\_\_\_

**Clinic Name:** \_\_\_\_\_

*Investigator: Briefly list expectations for each department/clinic.*

Study Requirements of Dept/Clinic:

Time in Clinic: \_\_\_\_\_

Staff support: \_\_\_\_\_

Financial assistance: \_\_\_\_\_

Supplies: \_\_\_\_\_

Space: \_\_\_\_\_

Department/Clinic Comments:

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Department Chair (signature, and have met with investigator and approved)

Date

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Clinic Director (signature, if approved)

Date

**If Applicable:**

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

Clinic Name: \_\_\_\_\_

Study Requirements of Dept./Clinic:

Time in Clinic: \_\_\_\_\_

Staff support: \_\_\_\_\_

Financial assistance: \_\_\_\_\_

Supplies: \_\_\_\_\_

Space: \_\_\_\_\_

Department/Clinic Comments:

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Department Chair (signature, if approved)

Date

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Clinic Director (signature, if approved)

Date

**If Applicable:**

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

Clinic Name: \_\_\_\_\_

Study Requirements of Dept./Clinic:

Time in Clinic: \_\_\_\_\_

Staff support: \_\_\_\_\_

Financial assistance: \_\_\_\_\_

Supplies: \_\_\_\_\_

Space: \_\_\_\_\_

Department/Clinic Comments:

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Department Chair (signature, if approved)

Date

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Clinic Director (signature, if approved)

Date

**Laboratory and X-Ray**

Study Requirements of Department:

Time in Lab/X-Ray: \_\_\_\_\_

Staff support: \_\_\_\_\_

Financial assistance: \_\_\_\_\_

Supplies: \_\_\_\_\_

Space: \_\_\_\_\_

Director Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Sherry Wedgeworth; Director of Lab and X-ray (signature, if approved)

Date

**Medical Records/HIPAA Privacy/EMR Access**

Study Requirements of Department:

Time in department: \_\_\_\_\_

Staff support: \_\_\_\_\_

Financial assistance: \_\_\_\_\_

Supplies: \_\_\_\_\_

Space: \_\_\_\_\_

Director Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Jan Chaisson; Medical Records Director (signature, if approved)

Date

**Billing and Coding Compliance/HIPAA Security**

Study Requirements of Department:

Time in Department: \_\_\_\_\_

Staff support: \_\_\_\_\_

Supplies: \_\_\_\_\_

Space: \_\_\_\_\_

Director Comments:

\_\_\_\_\_  
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**Michael Greene, Director,  
Billing and Coding Compliance (signature, if approved)**

**Date**

**Financial**

COO/CFO Comments:

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**Allison Hocutt, Director of Finance (signature, if approved)**

**Date**

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**Amelia De Los Reyes, Director of Clinical Operations (signature, if approved)**

**Date**

**Research Committee**

Research Chair Comments:

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**Nancy Rubin, Psy.D.,  
Research Committee Chair (signature, if approved)**

**Date**

**Research Dean**

Research Dean's Comments:

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**John C. Higginbotham, Ph.D., MPH  
Associate Dean for Research and Health Policy (signature, if approved)**

**Date**

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**Lori Upton, Administrative Secretary**  
**Division of Clinical Investigations**

**Date**

**EMR Access Approved**

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Nancy Rubin, Psy.D.

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John C. Higginbotham, Ph.D., M.P.H.

Please present the documentation of EMR access to Ann King or Amelia De Los Reyes