

# HARRISHEALTH SYSTEM

## Human Studies Research Authorization

All human studies research staff are required to complete an authorization application and **must** submit the following:

- Pre-employment verification letter from institution affiliate
  - Letter **must** be signed by HR personnel
  - Letter **must** meet Harris Health System guidelines to include the following:
    - background check
- Current resume/CV
- Proof of Human Subjects Protection Training within the last 3 years
  - NIH or CITI (**biomedical research course**) certificates are accepted
- Proof of a negative TB skin test within the last year
  - If you tested positive and had a chest x-ray in the past a new chest x-ray is not needed
- Proof of flu vaccine within the last year
  - Required during Flu season ONLY
- Proof of COVID-19, Measles, Mumps, Rubella, Varicella, and Hepatitis B vaccines
- Copy of employee badge of the institution affiliate
  - BCM, UT Health, MDACC, etc.
- Signed Sponsoring Researcher Agreement
  - Sponsoring Researcher **MUST** have clinical privileges at Harris Health

**Upon final approval by Research & Sponsored Programs you will receive a confirmation letter. Only then are you allowed to begin your role as human studies research staff at the Harris Health System.**

Research & Sponsored Programs  
Harris Health System  
[Monique.Okeke@harrishealth.org](mailto:Monique.Okeke@harrishealth.org)

Harris Health System  
Human Studies Research  
**Authorization Application**

New

| <u>PERSONAL INFORMATION</u>  |                                       |   |  |
|--|---------------------------------------|---|--|
| Last name:   | First name:                           | Middle:   |  |
| Work Phone:  | Cell:                                 | Pager:  |  |
| Work Email:  |                                       | DOB:  | Sex: <input type="checkbox"/> M <input type="checkbox"/> F |
| Will need to speak with <b>patients (research subjects)</b> in any language <b>other than</b> English: <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                       |   |  |
| Will you require a badge to visit our facilities for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                       |   |  |
| Job Role: <input type="checkbox"/> Researcher <input type="checkbox"/> Researcher Nurse  |                                       |   |  |
| Epic Access Level Needed: <input type="checkbox"/> None Needed <input type="checkbox"/> Read-Only <input type="checkbox"/> Research Data-Entry (notate charts, schedule, etc.)   |                                       |   |  |
| Service Area: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Emergency Center   |                                       |   |  |
| <u>PROFESSIONAL INFORMATION</u>  |                                       |   |  |
| Affiliation: <input type="checkbox"/> BCM <input type="checkbox"/> UTHealth <input type="checkbox"/> MDACC <input type="checkbox"/> TWU <input type="checkbox"/> UTMB - Galveston <input type="checkbox"/> UH                  |                                       |   |  |
| Current position:  |                                       |   |  |
| Supervisor Information   |                                       |   |  |
| Name:  | Work Phone:                           | Email:  |  |
| List all Principal Investigators that you currently work with:   |                                       |   |  |
| List all protocols that will be performed at Harris Health System: <b>(IRB number/eProtocol number)</b>  |                                       |   |  |
| <u>LOCATION (Check all that apply)</u>   |                                       |   |  |
| <input type="checkbox"/> Ben Taub Hospital   | <input type="checkbox"/> LBJ Hospital | <input type="checkbox"/> Quentin Mease Hospital |  |
| <input type="checkbox"/> Thomas Street   | <input type="checkbox"/> Smith Clinic | <input type="checkbox"/> Other:                 |  |
| <u>CONFIDENTIALITY STATEMENT</u>   |                                       |   |  |
| I _____, will be participating in affiliated IRB approved research studies that are being conducted at the Harris Health System.   |                                       |   |  |
| I realize that, in the course of my work, I may be exposed to confidential information regarding patients.   |                                       |   |  |
| I understand that any and all patient information is confidential and protected under State and Federal regulations governing hospitals and patient rights. Violations of the sections may carry penalties.                    |                                       |   |  |
| I further understand that no patient names or data may be abstracted or removed from the hospital other than as identified in the IRB approved research protocols and approved in Harris Health System's HIPAA Authorizations. |                                       |   |  |
| I understand the above conditions and agree to comply with them.   |                                       |   |  |
| Signature: _____   |                                       |   | Date: _____  |