



Senior Research Project Form

To be completed by residents who are conducting a chart review/survey for research project at HCHD.

NOTE: All fees will be waived for required senior resident research project chart reviews.

<input type="checkbox"/>	1. Cover letter requesting approval to conduct a project at HCHD.
<input type="checkbox"/>	2. Copy of HCHD Senior Research Project Form.
<input type="checkbox"/>	3. Copy of Committee for the Protection of Human Subjects (CPHS)/Institutional Review Board (IRB) approval letter.
<input type="checkbox"/>	4. Copy of research protocol submitted to CPHS/IRB for approval.
<input type="checkbox"/>	5. Completed IT Research Request form. (attached)
<input type="checkbox"/>	6. Send (1) copy of items 1-5 listed above to HCHD Community Health Program Chief of Staff Carlos Vallbona, MD 3701 Kirby Drive, Suite 601.26 Houston, Texas 77098
<input type="checkbox"/>	7. Send (1) copy of items 1-5 listed above to HCHD Research Office, by fax 713.440.1384, or email research@hchd.tmc.edu
<input type="checkbox"/>	8. Send (1) copy of items 1-5 listed above to HCHD Community Health Program Vice Chief of Staff Jose Bayona, MD 6431 Fannin Street, Suite JLL308 Houston, Texas 77030

PROJECT INFORMATION

Protocol Number:	<input type="checkbox"/> Chart Review	<input type="checkbox"/> Survey
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Protocol Title:

RESIDENT CONTACT INFORMATION

Name:	<input type="checkbox"/> MD	<input type="checkbox"/> PhD	<input type="checkbox"/> PGY
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Address:

City:	State:	Zip Code:
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Phone:	Fax:	Pager:	Email:
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LOCATIONS (Check all that apply)

<input type="checkbox"/> Acres Home Clinic	<input type="checkbox"/> Aldine Clinic	<input type="checkbox"/> Baytown Clinic	<input type="checkbox"/> Gulfgate Clinic
<input type="checkbox"/> Settegast Clinic	<input type="checkbox"/> Squatty Lyons Clinic	<input type="checkbox"/> Casa De Amigos	<input type="checkbox"/> Strawberry Clinic
<input type="checkbox"/> MLK Clinic	<input type="checkbox"/> Northwest	<input type="checkbox"/> People's Clinic	<input type="checkbox"/> Thomas Street Clinic
<input type="checkbox"/> School Based Clinics	<input type="checkbox"/> Dental Clinic		
<input type="checkbox"/> Ben Taub General Hospital	<input type="checkbox"/> Lyndon B. Johnson General Hospital	<input type="checkbox"/> Quentin Mease Hospital	

For more Information contact: Research Office

Ph: 713.566.6914 or email: research@hchd.tmc.edu



INFORMATION TECHNOLOGY REASEARCH REPORT REQUEST

DATE REQUESTED

DATE REQUIRED

PROTOCOL NUMBER

REQUESTOR NAME

DEPARTMENT/ORG.

PHONE NUMBER

E-MAIL

TITLE OF REASERCH REPORT:

PURPOSE OF REPORT:

INTENDED USE/RE-DISCLOSURE:

PERSONS WITH ACCESS TO INFORMATION:

FREQUENCY OF REPORT ☐ One Time ☐ Monthly ☐ Annually ☐ Other:

OUTPUT FORMAT OF REPORT ☐ Excel ☐ PDF ☐ MS Word ☐ Other:

DATE RANGE OF REPORT:

DEMOGRAPHICS

☐ MED. RECORD # ☐ NAME ☐ SOCIAL SECURITY ☐ ADDRESS ☐ PHONE # ☐ DOB ☐ AGE

☐ AGE RANGE >80 ☐ ZIP CODE

SEX ☐ Both ☐ Male ☐ Female

MARITAL STATUS ☐ All ☐ Married ☐ Single ☐ Divorced ☐ Widowed

RACE ☐ All ☐ Asian ☐ Black ☐ Hispanic ☐ Indian American ☐ White ☐ Other:

LANGUAGE ☐ All ☐ English ☐ Spanish ☐ Vietnamese ☐ Chinese ☐ Other:

AGE RANGE ☐ All ☐ 0-4 ☐ 5-14 ☐ 15-19 ☐ 20-44 ☐ 45-64 ☐ 65-80 ☐ Other:

LOCATION ☐ All ☐ CHPs ☐ Acres ☐ Aldine ☐ Baytown ☐ Casa ☐ Gulfgate ☐ MLK ☐ NW

☐ Peoples ☐ Settegast ☐ Strawberry ☐ Squatty ☐ Ben Taub ☐ LBJ

☐ Quentin Mease ☐ Thomas Street ☐ School-Based ☐ Dental Center ☐ Other:

☐ Other:

FINANCIAL STATUS

INSURANCE GROUP ☐ All ☐ Self-Pay ☐ Commercial Insurance ☐ Medicare ☐ Medicaid

☐ PAY CLASS ☐ EMPLOYMENT STATUS

VISIT INFORMATION

☐ ADMIT DATE ☐ DISCHARGE DATE ☐ PHYSICIAN NUMBER ☐ RESOURCE TYPE

PAVILION ☐ All ☐ CHPs ☐ Acres ☐ Aldine ☐ Baytown ☐ Casa ☐ Gulfgate ☐ MLK ☐ NW

☐ Peoples ☐ Settegast ☐ Strawberry ☐ Squatty ☐ Ben Taub ☐ LBJ ☐ Quentin Mease

☐ Thomas Street ☐ School-Based ☐ Dental Center ☐ Other:

PATIENT TYPE ☐ All ☐ Inpatient ☐ EC ☐ Observation ☐ Day Surgery

APPT TYPE ☐ All ☐ New Patient ☐ Outpatient ☐ Returning Patient

☐ Primary ☐ Any Existing

☐ Primary ☐ Any Existing

☐ Primary ☐ Any Existing

PROCEDURE CODES

CPT CODES

DIAGNOSIS CODES

☐ OTHER:

OTHER SPECIFICATIONS:

RESEARCH OFFICE APPROVAL:

DATE:

REMARKS: