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**RESEARCH REQUEST FOR MEDICAL RECORDS  
Research Projects**

Date of Request: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Department/Hospital/Organization: \_\_\_\_\_

Research Project Name \_\_\_\_\_

IRB Number \_\_\_\_\_

Project Expiration Date \_\_\_\_\_

Estimated Number of Charts: \_\_\_\_\_

Cost of chart retrieval/refile: \$3.00 per chart requested from off-site vendor (excluding resident and fellow research)

Estimated Invoice Amount \_\_\_\_\_

I acknowledge that I will pay the cost to retrieve and refile these medical records

\_\_\_\_\_  
Signature of Department Sponsor/Person responsible for payment

Address \_\_\_\_\_

City, State \_\_\_\_\_

Telephone Number \_\_\_\_\_

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Internal Section  
Return to Corporate Health Information Management

Iron Mountain Customer ID \_\_\_\_\_ DMC Cost Center \_\_\_\_\_  
DMC Health Information Management  
Reviewed 9/09/2009