

Yale New Haven Hospital
RESEARCH MONITOR REQUEST FOR EPIC CARE LINK ACCESS

Please complete the following information and return to:

Health Information Management Dept.
 Fax Number: (203) 688-0289
 Or Email to: EpicCare.eHIM@ynhh.org

Researcher/Monitor NAME	(LAST)	(FIRST)	(MI)
OFFICE ADDRESS:		OFFICE PHONE NUMBER:	██████████ ██████
		MOBILEPHONE NUMBER:	██████████
POSITION/ROLE TITLE (RN, RRT ETC.)		Sponsor Name:	
EMAIL ADDRESS:		CLINIC AREA/DEPARTMENT:	

Principal Investigator Name: _____

Principal Investigator Authorizing Signature; _____

HIC#: _____ Protocol #: _____

HIC Approval Attached. Confidentiality Agreement attached

Please attach list of medical records needed for research validation purposes including patient name, medical record number, date of birth, and date of service/discharge (if applicable).

HIM Department Use Only: _____

APPROVAL: _____ DATE: _____

TITLE: