



ALTRU ORGANIZATIONAL APPLICATION TO CONDUCT RESEARCH

The purpose of Altru's Organizational Approval Process is to carry out our obligation to our patients and staff to control access to them and their records and to monitor the use of Altru resources. All researchers proposing to conduct research using patients, staff, or records of Altru Health System must obtain organizational approval as well as IRB approval.

Complete this application form and submit it, along with the Altru Data Request Form (if applicable) to: Marie-Laure Reese, IRB Office, Altru Hospital; 1200 S Columbia Rd, Grand Forks, ND, 58201
Email: mreese@altru.org - Telephone: 701-780-6161

Date: _____ Name: _____

Address: _____

Phone #: _____ Email: _____

Department/College: _____

Name of the Altru Manager where you will do your study: _____

Project Title: _____

Please check box:

☐ Retrospective Chart Review Study

☐ Non-Retrospective Chart Review Study

Status of applicant (check all that apply):

____ Altru physician/staff member

____ Student, Department _____

Advisor _____

Relationship to Altru, if any _____

____ Coursework ____ Thesis ____ Dissertation ____ Other _____

____ Faculty, College/Department _____

Relationship to Altru, if any _____

____ Other _____ Organization _____

Position _____

Relationship to Altru, if any _____

NOTE: If your research involves a report generated from Altru information systems using electronic medical data a **System Data Request Form** must be submitted along with your research proposal. Service Reports **may take up to 4-6 weeks**. Also, no copy of the form will be accepted. Need wet ink signatures from the applicant and faculty advisor.

Please answer the following questions:

1. Projected start of project activities at Altru _____

Projected completion of project activities at Altru _____

Projected completion date of entire project _____

2. Submit a brief summary of the study, including consent form; any documentation (such as survey, questionnaire); a copy of the IRB Human Subject Review Form and the Altru Data Request Form:

3. Describe the nature and extent of involvement expected of Altru staff with your project (include specific staff members by name and/or title, specific activities requested of them and an estimate of the amount of their time that would be required).

4. Describe the nature of patient contact required by your project, if applicable (i.e. access to medical records, patient interviews, etc.)

5. Describe how patient/subject confidentiality will be protected and how patients/subjects in the study will be assured of anonymity.

6. List any supplies, equipment or other resources provided by Altru that would be required to carry out your project (i.e. photocopying, computer access, etc. Describe funding available, if any, to cover these expenses).

7. Identify any space requirements that would be needed to carry out your project.

8. Source of funding sought or received:

Signature of Applicant

Signature of Faculty Advisor