



**CHSU**

**Office of Sponsored Research (OSR)**

**Confirmation of Consent for use of Third-Party Data**

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**Type of Research Project:**

IRB  
Quality Improvement  
Case Report  
Other (please specify):

This Approval Form serves to confirm that (Facility) has granted the following California Health Sciences University (CHSU) Medical Students and/or CHSU Faculty (Researchers) access to de-identified patient data, and their related medical and demographic information to complete the research project identified below.

Names of Researchers (Authorized CHSU Student(s) or Faculty)

Facility also agrees that the Researchers may use any data that are collected for this project for future publication and presentation regarding their research, provided that Researchers are not permitted under any circumstances to publish or present the data in any way that could re-identify the patient data or release Facility's proprietary or sensitive medical data without authorization.

Prior to allowing Researchers access to the data or otherwise transferring data to Researchers, Facility has completed necessary de-identification of data and/or Data Use Agreements for Limited Data Sets.

Research Project Titled:

**Please select the applicable review process below:**

**CHSU IRB:**

IRB Approved  
Submitted/Pending Approval  
QI Project Only

**Facility Review:**

IRB Approved  
QI Project Only

Facility approves of this this project and look forward to seeing the results. Additionally:  
Facility [ ] retains or [ ] waives the right to see the final project before being published.

**I have authority to sign this Agreement on behalf of Facility.**

**Signature:**

**Print Name:**

**Title:**