

University of Virginia School of Medicine Research Elective Form
Due at least one month prior to beginning rotation.

Print Student's Name: _____ **Email:** _____

Print Supervisor's Name: _____

Department: _____ **Phone:** _____

Title of Research Project: _____

Inclusive Dates: _____ to _____

Total number of weeks: _____ (one week of credit=min 40/max 80 hours/work/week)

1. Specific aims and significance of the project, including a clear statement of the scientific or clinical research question being addressed. (Use additional pages, if necessary)

2. Describe the previous work on this project done by the student (if any) and by the research elective supervisor's laboratory. (Use additional pages, if necessary)

3. Perform a literature search. Describe the pertinent literature and the results obtained by others. Include a bibliography at the end of the proposal.

4. Research description – (2-3 typed pages) which should include:

- The population to be investigated;
- Number of subjects or animals;
- Use of controls;
- Study protocols;
- Techniques to be used;
- Specific methods for data analysis including any statistical analysis

5. Describe the student's role in the project and expected product if any (publication, abstract, poster, presentation, review, etc): _____

6. Include a detailed timeline outlining student time commitment during weeks of credit requested.

7. If the study is a retrospective chart review, design and include a form to be used for data collection.

8. If you are designing or assisting in designing a research project that involves chart review or patient questionnaires or contact, have you followed the procedures of the Institutional Review Board (IRB)? **YES** **NO**

COPY OF IRB APPROVAL OR EXEMPTION MUST BE INCLUDED WITH PROPOSAL

9. HIPAA Information

Using a patient's protected health information (PHI) in research requires additional protections. Read your protocol for complete information. Some important details are listed below:

- You are not allowed to use PHI in research without an IRB approval. This means you may not even view medical records to determine who your subjects might be or talk to a potential subject about a study until you have an IRB approval.
- University policies do not allow you to store identifiable PHI on devices like personal computers, memory sticks, CD's, smartphones without both encryption (not merely password protection), and written permission of the IRB and your Dean.
- You are also not allowed to store data on Drop Box or equivalent iCloud storage sites unless the University has a contract with the iCloud service through Procurement Services and there are proper security safeguards (e.g., encryption).
- Hard copies of PHI must be stored in a secure locked location.
- Do not take identifiable PHI home and do not contact subjects using your personal cell phone.
- There are strict penalties for you as an individual, and to the institution for loss and misuse of identifiable PHI.
- Your status at the University may be impacted.
- Contact the IRB-HSR if you have any questions (434-924-9634).

We have discussed and my advisor has approved this research elective.

Student's Signature: _____ **Date:** _____

I have reviewed this proposal and agree to supervise this research project:

Research Supervisor's Signature: _____ **Date:** _____