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| **Study Stage:** Conduct  |

**Purpose:** This template assists the study team when contacting study participants.

**Useful to:** Principal Investigators, Study Coordinators, and other study team members

**Instructions:**

* Complete this template to help ensure all of the relevant information is captured.
* To comply with privacy policies, keep this information in a secure location.
* Do not collect any identifiable personal information that the IRB has not authorized. Therefore, delete any items in the template that are not authorized.

**Best Practice Recommendation:**

* If the Participant Contact Information Form contains HIPAA protected health information, it is necessary to follow the secure data storage practices that were approved by the IRB.
* It is necessary to follow the secure data storage practices that were approved by the IRB when collecting information that contains sensitive PHI.

**Reference(s):**

**Uses and Disclosures of Protected Health Information**: <https://az.research.umich.edu/medschool/guidance/uses-disclosures-protected-health-information-phi>

**HIPAA compliance information** (45 CRF Parts 160, 162, and 164): <http://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/administrative/combined/hipaa-simplification-201303.pdf>

**Template History:**

**Last updated**: 6/07/2022

Version: 2.3

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| **Study Name:**  | **IRB HUM #:** |
| **Principal Investigator:**  | **Subject ID:**  |

Delete any items from the template that are not authorized by the IRB.

**Participants Information:**

**Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Middle Initial:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth (MM/DD/YYYY): (\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_)**

**Street Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MRN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SSN:** \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_

**Participant Emergency Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_