# Defined Exam Retrieval Request Form

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| Requestor Name: | Requester Dept: |
| Requestors Email/Tel: | MGB Institution: |
| Date of Request:  | **Email to** MGB Radiology Images Requests |

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| **Required Request Details** |
| Approved, Active IRB #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Name of Protocol: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PI/Project Sponsor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Technical Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PAS Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_De-Identification Yes/No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Special DICOM Tag Edits (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Detailed information:**  |
| Technical contact Email/Tel: |  |
| Number of exams  |  |

[ ]  By entering this request, I attest that all requested images will be accessed, stored, and managed in a way that is consistent with an approved IRB protocol. Specifically, I attest that if the images will be shared with an external party, a contract/agreement with data use terms will be appropriately executed, including an InfoSec review if required, prior to sharing.

Please attach an .xls or .csv file with the following information at minimum (3 columns, one row per study):

* Patient Medical Record Number (MRN) from site where images were obtained; DFCI studies should use BWH MRNs
* Accession Number (unique radiologic imaging study identifier)
* Site where the images were obtained (e.g., BWH, DFCI, MGH)

Please submit completed form along with xls or csv list to MGB Radiology Images Requests (PHSRadiologyImagingRequests@partners.org).

**For Your Information:**

As a reminder, this request form is used to support image data retrieval for various research purposes. Each of these purposes has specific security, compliance, and other MGB policy requirements. The following chart helps end-users identify what is required and allowable given each purpose:

**General Requirements (individual scenarios could require additional pathways):**

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| **Requirements:** | **Internal Use Only** |  **Data Shared Externally** |
| IRB Approval | √ | √ |
| Data Sharing Agreement *(e.g. DUA, CTA, SRA, etc.)* | N/A | √ |
| Research Information Security Review | N/A | √ |
| Partners Authorization System (PAS) group End-Point | √ | √ |
| **Data Access:** |  |  |
| De-identification or Limited Data Set  | √ - Based on IRB | √ - Based on IRB |
| Full PHI | √ - Based on IRB | √ - Based on IRB |

**For more information regarding data sharing agreements, please contact:**

Clinical Trials Office (CTO): PCRO@partners.org

Research Management (RM): RMDUA@partners.org (general)

·         BWH: bwhsubs@partners.org

·         MGH: mghsubs@partners.org

·         McLean: mclsubcontracts@partners.org

·         Spaulding: SRHGC@partners.org

·         Mass Eye & Ear: MEEAwards@partners.org

Supply Chain Management (SCM): mmcontracts@partners.org

Innovation: <https://innovation.massgeneralbrigham.org/contact>

Transactional Affairs Group (TAG): PHSMTA@partners.org

Office of Interactions with Industry (OII): PHSOII@partners.org, PHSOIIedgrants@partners.org

Office of General Counsel (OGC): phsogc@partners.org

For information related to Information Security reviews please view [this site for research related requests](https://rc.partners.org/security/information-security-program/riso-ancillary-review) or email riso@partners.org with any questions. Additionally, please see [this site for general InfoSec information](https://pulse.massgeneralbrigham.org/hub/departments/ispo/our_services) and to initiate a ServiceNow ticket for a security risk assessment.