



TO DISCOVER ♦ TO INNOVATE ♦ TO EXCEL

Data Requisition for Research

Title of Research Study:

Protocol Name:

IRB Reference Number:

Name of Study PI:

Requester:

Requester Email:

Requester Phone

Type of Data Request

Feasibility

Research Data Request

What data field are required? (Please take into consideration that all released data will be de-identified.)



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Safety/Risk Impact (optional)

Patient Impact (optional)

**When this form is complete and you have received a determination letter from UTRGV,
please email both documents to irb@dhr-rgv.com**