COOK COUNTY

Contacts
Dr. Philip Dray attending pdray@ccbhs.org (312) 864-5171
IRB office (312) 864-9210

IRB forms
All forms found at http://www.cchil.org/irb/cchforms.html#scicomm
Helpful information at http://www.cchil.org/irb/a-faq.html#FILLING%20OUT%20THE%20APPROVAL

Deadlines
rolling submissions

HINES VA

Contacts
Beth Engdahl IRB Coordinator (708) 202-4449
Terri Stonich IRB Coordinator
Linda Polzin IRB Coordinator
Denise Hynes data mining (VA Information Resource Center)
Bridget Smith for statistics Bridget.Smith@va.gov (708) 202-4870

IRB forms
online IRB forms, submit paper copy to Rm C344 in Building 1
http://www.hines.va.gov/research/committees/hss/index.asp (link at the top)

online R&D forms (Research and Development), submit paper copy with IRB forms all at once
http://www.visn20.med.va.gov/portland/research/p-i-services/rd_forms.htm#irb

Deadlines
http://www.hines.va.gov/research/committees/hss/index.asp (link at the top)
OR
scroll almost to the bottom

LOYOLA

Elaine Fluder Dir. of Human Subjects Program efluder@lumc.edu (708) 216-6198
Dr. Bruce Gaynes ophtho research coordinator bgaynes@lumc.edu (708) 216-3408
IRB forms
all forms found at http://www.meddean.luc.edu/res_serv/ors/human.htm

Deadlines
http://www.meddean.luc.edu/res_serv/ors/human.htm

(link called "IRB committee dates and deadlines)

Northshore University Health System
one of the sites is Glenbrook Hospital, Northshore now affiliated with Univ of Chicago

Contacts
Lissa Silver
Dr. Marian Macsai

IRB forms
attending

emailed 7/9/09, email title "research contacts and Northshore forms"

Deadlines
rolling submissions
NORTHWESTERN

Contacts
Lori Ackatz
Dr. Marian Macsai
Dr. Robert Feder research coordinator Lori.Ackatz@nmff.org (312) 695-2333
IRB office attending MMacsai@northshore.org (847) 657-1860
attending r-feder@northwestern.edu (312) 695-8150

IRB forms (312) 503-9338
eIRB (access only from NW computers, Lori sends questions then fills out eIRB w/ the answers)
all forms found at http://www.research.northwestern.edu/opsr/irb/forms/
see Appendix A for questions

Deadlines
rolling submissions

Rush

Contacts
Elaine Kernbauer
IRB office
ophtho protocol coordinator Elaine_Kernbauer@Rush.edu (312) 563-4031

IRB forms (312) 942-5498
http://www.rush.edu/rumc/page-1120170902469.html

Deadlines (click on orange "Research at Rush" link, then "forms" on the l
rolling submissions

UNIV OF CHICAGO

Contacts
Jeanie Paik
Dr. Michael Saidel
IRB office medical student jpaik@uchicago.edu (773) 702-6505
attending msaidel@bsd.uchicago.edu (773) 702-3937

IRB forms (773) 702-6505
online submissions
all forms found at http://bsdirb.bsd.uchicago.edu/

**Deadlines**
http://bsdirb.bsd.uchicago.edu/meetings/index.html (first link under "Meeting Dates")

**Wheaton Eye Clinic**

**Contacts**
Kristen Andrews
Dr. Janet Lee

<table>
<thead>
<tr>
<th></th>
<th>clinical research manager</th>
<th><a href="mailto:kandrews@wheatoneye.com">kandrews@wheatoneye.com</a></th>
<th>(630) 890-5865</th>
</tr>
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<tr>
<td><strong>IRB forms</strong></td>
<td>attending</td>
<td><a href="mailto:jlee@wheatoneye.com">jlee@wheatoneye.com</a></td>
<td>(630) 668-8250</td>
</tr>
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used Harrison IRB, $300 per protocol submission
sent all documents/materials to Kristen, she filled out the forms

**Deadlines**
rolling submissions
APPENDIX A
Questions from Lori Ackatz at Northwestern (she copies and pastes the answers into the online forms)

1. Number of records here at NU to be reviewed?
2. Inclusive dates of medical record review from which data will be requested?
3. Data to be collected from Medical Records? We will need copies of data collection forms for the submission.
4. An exact description of how data will be collected with an explanation on how investigators will choose files to collect data from, what type of information will be taken from the files, and how the information will be stored.
5. Who will be the research staff from your site who should be listed as authorized personnel on our submission.

I am also including information sent from OPRS regarding Waiver of Consent and Waiver of HIPAA. Please let us know if you will be requesting a waiver and let me know how your project qualifies for these waivers based on the criteria listed below.

Criteria for Waiver of Consent:
1) that the research pose no more than minimal risk to subjects;
2) no adverse effects as a result of the waiver or alteration;
3) without the waiver or alteration the research in question could not be carried out; and
4) information will be provided after participation is completed, if appropriate.

Criteria for Waiver of HIPAA:
9.1 The proposed use of the protected health information presents no more than minimal risk to the privacy of individuals because:
9.2 Describe the plan to protect identifiers or links to identifiers from improper use and disclosure:
9.3 Describe the plan to destroy the identifiers at the earliest opportunity consistent with the conduct of research:
9.4 The research could not practicably be conducted without the waiver of authorization because:
9.5 The research could not practicably be conducted without access to and use of protected health information because:

APPENDIX C
Loyola statistician
Jim Sinacore
Regina Harders
jsinacore@lumc.edu
rharders@lumc.edu

APPENDIX D
Data mining
Dolores Carey
use CPT billing codes or ICD9 disease codes
(708) 327-2275
I am also including information sent from OPRS regarding Waiver of Consent and Waiver of HIPAA. Please let us know if you will be...

9.1 The proposed use of the protected health information presents no more than minimal risk to the privacy of individuals because: