

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
Terri Stonich IRB Coordinator
Linda Polzin IRB Coordinator
Denise Hynes data mining (VA Information Resource Center) (708) 202-4449
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

<http://www.visn20.med.va.gov/portland/research/committees/irb/index.htm>

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

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Dir. of admin., practice manager
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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

Dir. Of Ophtho Research
attending

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MMacsai@northshore.org

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(847) 657-1860

IRB forms

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

Deadlines

rolling submissions

NORTHWESTERN**Contacts**

Lori Ackatz

Dr. Marian Macsai

Dr. Robert Feder

IRB office

research coordinator

attending

attending

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(847) 657-1860

(312) 695-8150

IRB forms

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/oprs/irb/forms/>see [Appendix A](#) for questions**Deadlines**

rolling submissions

Rush**Contacts**

Elaine Kernbauer

IRB office

ophtho protocol coordinator

(312) 942-5498

Elaine_Kernbauer@Rush.edu

(312) 563-4031

IRB forms<http://www.rush.edu/rumc/page-1120170902469.html>**Deadlines**

rolling submissions

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

UNIV OF CHICAGO**Contacts**

Jeanie Paik

Dr. Michael Saidel

IRB office

medical student

attending

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msaidel@bsd.uchicago.edu

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IRB forms

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

clinical research manager

attending

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jlee@wheatoneye.com

(630) 890-5865

(630) 668-8250

IRB forms

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

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rharders@lumc.edu

APPENDIX D

Data mining

Dolores Carey

use CPT billing codes or ICD9 disease codes

(708) 327-2275

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