

# UW Medicine

VALLEY  
MEDICAL CENTER

## RESEARCH OVERSIGHT COMMITTEE QUARTERLY SUBMISSION OF VMC SIGNED RESEARCH INFORMED CONSENT FORMS AND RESEARCH HIPAA AUTHORIZATION FORMS

**Instructions:** Use this form for quarterly ROC submissions of VMC signed research informed consent forms and research HIPAA authorization forms. Quarterly submission due dates are based on your ROC approval date. Submissions may be via encrypted email to [Research@valleymed.org](mailto:Research@valleymed.org) or submitted hard copies to the following:

Dione Froman  
Research Oversight Committee Coordinator  
3915 Talbot Rd S. M/S VPC 310  
Renton, WA 98055  
Office 425-228-3440, ext. 5768

All questions may be directed to the ROC Coordinator at [Research@valleymed.org](mailto:Research@valleymed.org).

NAME OF STUDY	
DATE RANGE*	
IRB NAME (IF APPLICABLE)	
IRB NUMBER (IF APPLICABLE)	
PRINCIPAL SITE OF STUDY	
LEAD INVESTIGATOR NAME	
UW MEDICINE VMC LOCAL CHAMPION (INVESTIGATOR) NAME	
ClinicalTrials.gov #	

\*Date range of quarterly submission

Reminder: An unscheduled submission of the VMC ROC "Annual Renewal to Conduct Research" is required in the case of a significant adverse event\*\* or significant protocol amendment.

\*\*Significant adverse event is defined as any of the following:

1. Death of a patient treated by the investigator/study staff,
2. A serious adverse event of a patient treated by the investigator/study staff per sponsor definition
3. Halt of study per Data Safety Monitoring Board (or equivalent) due to adverse event(s)

Quarterly submission of VMC signed research informed consent forms and research HIPAA authorization forms

Version: 2016.05.19

Created by: Dione Froman, ROC Coordinator

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Please attach the following documents for processing.

- Submit all signed VMC patient research informed consent forms to the ROC Coordinator (quarterly submission is required)
- Submit all research HIPAA authorization forms to the ROC Coordinator (quarterly submission is required)

1. Research informed consent forms attached:

Patient enrollment	Number of patients enrolled since the last ROC submission with signed research informed consent forms*
VMC patients	

\* Submit research informed consent forms

2. HIPAA authorization forms attached

Patient enrollment	Number of patients enrolled since the last ROC submission with signed research HIPAA authorization forms*
VMC patients	

\* Submit research HIPAA authorization forms

**Please indicate the applicable attachments (completion of this section is mandatory).** Submit 1 encrypted copy electronically to [Research@valleymed.org](mailto:Research@valleymed.org) or submit hard copies to:

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 Research Oversight Committee Coordinator  
 3915 Talbot Rd S. M/S VPC 310  
 Renton, WA 98055

<b>VMC patient signed Informed consent form(s)*</b> *Since the last ROC approval. Consents need to be submitted quarterly to the ROC Coordinator.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A, study is exempt
<b>VMC patient signed HIPAA authorization form(s)*</b> *Since the last ROC approval. HIPAA authorization forms need to be submitted quarterly to the ROC Coordinator.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A, study is exempt

*Please be advised that submission of signed research informed consent forms and/or HIPAA authorization forms to the Research Oversight Committee at UW Medicine Valley Medical Center does not subject approval of your study/research at UW Medicine Valley Medical Center. UW Medicine Valley Medical Center does not accept any liability or responsibility for any study/research unless you receive a signed and dated approved letter from the UW Medicine Valley Medical Center Research Oversight Committee.*

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## UW Medicine Valley Medical Center Research Oversight Committee Processing (ROC use only)

Date submission received: \_\_\_\_\_

Submission received from: \_\_\_\_\_

Submission processing:

Submission logged \_\_\_\_\_

Date submitted to HIM \_\_\_\_\_

UW Medicine VMC ROC Coordinator:

Signature \_\_\_\_\_

Date: \_\_\_\_\_

IRB APPROVAL must be kept current in order to conduct research at UW Valley Medical Center