# **RESEARCH DOCUMENTS SCANNING REQUEST**

1. Enter a “Research Consent Progress Note”in CPRS prior to scanning the consent &/or HIPAA.
2. Enter a “Research Progress Note” **OR** a “Patient Record Flag Category II-Research Clinical Trial**”** in CPRSprior to scanning the VA Form 10-9012.
3. Write the subject’s full name and full SS # on the bottom of the **1st page only** of the consent form and/or VA FORM 10-9012.
4. Write the subject’s full name, last four of SS#, and date of birth on the top of each page of the HIPAA Authorization form.

ALL FORMS ARE SCANNED WITHIN 24 HOURS IN THE MEDICAL RECORD

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| **TO: Scanning Unit/HIMS (04-MR)** | **DATE:** |
| **FROM:** **Clinical Studies Center 11C119** | **Number of forms submitted for scanning:**  |
| **STUDY FULL TITLE (exactly as it appears in the consent):** |
|  |
| **Requestor’s name:**  | **Contact Information:**  |

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| **Patient’s Name &****Last 4 SS#** | **Date Note Entered in CPRS** | **Initial Consent** | **Re-Consent** | **HIPAA Auth. Form** | **Revocation Letter** | **VA FORM****10-9012** | **VA FORM****10-0483** | **Double-sided copy?****Yes No** |
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# FOR OFFICIAL USE ONLY

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Scanned: \_\_\_\_\_\_\_\_\_\_\_\_\_ Scanning Clerk’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_