# **Cover Page – Medical Records Upload**

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| **DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **TO: HEALTH INFORMATION MANAGEMENT**  **RE: Informed consent forms upload to EPIC**  **UCSD IRB Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **The attached documents require upload into EPIC. Please name them as follows:**  **“Consent for Research” with document description: IRB ######\_ICF**  **“Consent for Research” with document description: IRB ######\_HIPAA\_signed** |
| **For questions, please contact:**   * **Study coordinator name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Study coordinator phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Study coordinator email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

\*Each consent document includes the research participant’s name, MRN and date of birth on each page. The IRB Number is shown on the first page of the consent and HIPAA form.