RESIDENT TRAVEL REQUEST GUIDE FOR CASE REPORTS, QI & RESEARCH

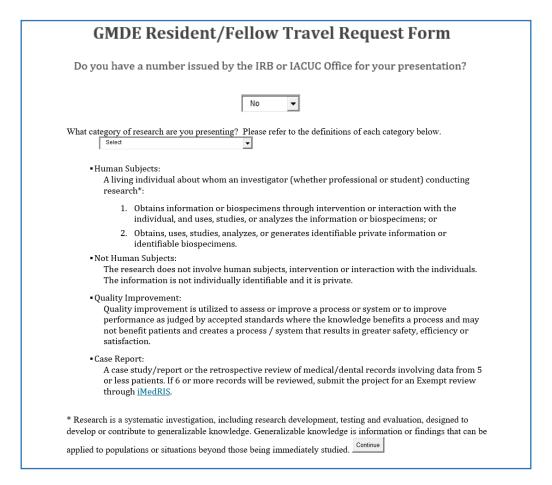


GSM Resident, Student or Fellow

Step 1: Click on link to begin Resident Travel Form:

https://pulse.utmck.edu/gmde/residents/presentations/TravelRequest 0.aspx

If you answer "No", follow directions in the Travel Request form. If "Yes" skip to step 5



Step 2: Complete the appropriate IRB form: QI, Case Report or Not Human Subject Research are paper forms. Research Projects must be submitted in the iMedRIS system

IF YOU ARE UNSURE WHICH FORM YOU NEED, CONTACT THE IRB OFFICE

Forms or Link to iMedRIS located on IRB Website: http://gsm.utmck.edu/irb/main.cfm
CASE REPORT FORM: For case reports on 1 – 5 patients (paper form)
QI FORM: For quality improvement or process improvement within the institution (paper form)
NOT HUMAN SUBJECTS RESEARCH: For completely anonymous data (no MRNs) (paper from)
RESEARCH APPLICATION: For research projects involving human subjects these must be submitted in iMedRIS

University of Tennessee Graduate School of Medicine Institutional Review Board (IRB) 3rd Floor GSM 865.305.9781 University of Tennessee Graduate School of Medicine Institutional Review Board (IRB) No data may be collected until you have received approval from the IRB 1. Project Title Quality Improvement / Process Improvement Anyone listed on the 1. Project Title publication/presentation Last Name: Degree(s): PharmD. must be listed on the 2. Circle status: Faculty / Resident / Fellow Department: Middle Initial: Last Name form/application. Email: Cell Phone Degree(s): M.D. D.O. Ph.D. D.D.S. PharmD 3. Other Key Study Personnel Department ho may be listed on a publicat Fmail Cell Phone 3. Other Key Study Personnel or ____ NA Name/Degree and SIGNATURE # of Cases to be reviewed: _____ If 6 or more records will be reviewed, do not submit this form; you must submit the project as an Exempt review through iMedRIS.

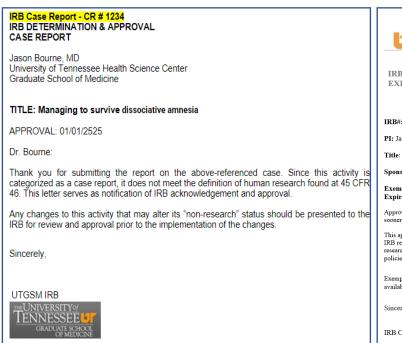
READ FORM INSTRUCTIONS CAREFULLY.

**DEPARTMENT CHAIR MUST SIGN THE FORM **

Step 3: Submit the form to the IRB office staff. If <u>QI or Case Report</u>, email to:jvanaudenhove@utmck.edu and/or <u>clangley@utmck.edu</u>. This may be coordinated with program coordinators in your department.

If <u>Human Subject Research</u> – route the form in iMedRIS to Faculty Advisor & Department Chair. Contact the IRB office for assistance.

Step 4: Once the <u>QI project or Case Report</u> is submitted to the IRB, the IRB will review it, make a determination and send an email to the PI when approved. For <u>research studies</u> submitted in iMedRIS, the PI and study contacts will receive an approval letter.





IF YOU HAVE SUBMITTED A FORM OR AN IMEDRIS APPLICATION AND HAVE NOT HEARD FROM THE IRB WITHIN A WEEK, PLEASE CALL THE IRB OFFICE TO ENSURE RECEIPT OF THE PROJECT

STEP 5: Once you have received IRB Approval, you may submit your travel request. To submit your travel request, contact your departmental program coordinator or click on the following link which is on the intra-net and accessible on campus only:

https://pulse.utmck.edu/GMDE/Residents/Presentations/TravelRequest.aspx.

GMDE Resident/Fellow Travel Request Form

Do you have a number issued by the IRB or IACUC Office for your presentation?



To fill out the request, you will need either your Case Report number (CR#XXX), QI project number (QI#XX), (NHS#XXX) or IRB number (IRB#XXXX). Requests for travel are forwarded to the IRB office for verification that ALL study authors are on an the referenced IRB approved project. If not, the travel will not be approved by the GME office. The number provided by the IRB, must be entered here.

GMDE Resident/Fellow Travel Request Form

Please select a category of your research and enter your IRB/IACUC Number

l	Case Report (Human Subjects)	▼	

TRAVEL REQUESTS MUST BE SUBMITTED BEFORE THE TRAVEL AND CONFERENCE DATES

Program:	General Surgery
Traveler/Presenter:	▼
Presentation Type:	•
Presentation of:	Case Report
Your project is for:	Quality Improvement Patient Safety
Title:	Example: Factors that impact patient outcome: Nutrition assessment (Capitalize only first word, proper nouns, after colon, acronyms.)
Authors:	Please list all authors as they might appear in conference program abstracts using this format: Smith AB, Johnson CD, Jones E, Brown FG Note: Authors listed here must appear in your iMedRIS application or NHS, CR, QI Forms.
Full Conference Name:	Example: 4th Annual Conference of the American Academy of Clinical Neuropsychology (Please do not include the year)
Conference Scope:	
Conference City:	
State (if in USA):	•
Conference Country:	USA 🔻
Conference Start Date:	Format: mm/dd/yyyy ex. 1/31/2012

Conference End Date:	Format: mm/dd/yyy	y ex. 2/3/2012			
IRB Number:	CR-34444				
If not the first time presented, please select how many times $\underline{\text{NATIONALLY (in US)}}$ presented previously.					
Please check all UTMC Centers of Excellence that your presentation would benefit.					
	Brain and Spine	Orthopaedic			
	Cancer	Women and Infants			
	Emergency and Trauma	Primary Care			
	Heart Lung Vascular				
	No Center of Excellence applies				
bstract: Please convert your abstract file to a PDF (.pdf) before uploading.					
Submit Travel Request					

Step 6: Once submitted, the IRB will be notified to verify the IRB number and the authors on the application. If authors on the abstract/presentation are different than on the application, the travel request will be delayed until this is rectified. If the IRB # is missing, incorrect, or falsified, this will also delay the travel request approval until rectified.