

RESIDENT TRAVEL REQUEST GUIDE FOR CASE REPORTS, QI & RESEARCH

I'd like to present a case report, QI project or research study. I wonder how I do that?



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

GMDE Resident/Fellow Travel Request Form

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

No

What category of research are you presenting? Please refer to the definitions of each category below.

Select

• **Human Subjects:**

A living individual about whom an investigator (whether professional or student) conducting research*:

1. Obtains information or biospecimens through intervention or interaction with the individual, and uses, studies, or analyzes the information or biospecimens; or
2. Obtains, uses, studies, analyzes, or generates identifiable private information or identifiable biospecimens.

• **Not Human Subjects:**

The research does not involve human subjects, intervention or interaction with the individuals. The information is not individually identifiable and it is private.

• **Quality Improvement:**

Quality improvement is utilized to assess or improve a process or system or to improve performance as judged by accepted standards where the knowledge benefits a process and may not benefit patients and creates a process / system that results in greater safety, efficiency or satisfaction.

• **Case Report:**

A case study/report or the retrospective review of medical/dental records involving data from 5 or less patients. If 6 or more records will be reviewed, submit the project for an Exempt review through [iMedRIS](#).

* Research is a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Generalizable knowledge is information or findings that can be applied to populations or situations beyond those being immediately studied.

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 form)

RESEARCH APPLICATION: For research projects involving human subjects these must be submitted in iMedRIS

READ FORM INSTRUCTIONS CAREFULLY.

University of Tennessee Graduate School of Medicine Institutional Review Board (IRB) 3 rd Floor GSM 865.305.9781 <i>No data may be collected until you have received approval from the IRB</i> Quality Improvement / Process Improvement 1. Project Title <input type="text"/> 2. Circle status: Faculty / Resident / Fellow <table border="1"> <tr> <td>First Name:</td> <td>Middle Initial:</td> <td>Last Name:</td> </tr> <tr> <td>Degree(s):</td> <td>M.D.</td> <td>D.O.</td> <td>Ph.D.</td> <td>D.D.S.</td> <td>PharmD.</td> <td>Other:</td> </tr> <tr> <td colspan="7">Department:</td> </tr> <tr> <td colspan="7">Email:</td> </tr> <tr> <td colspan="7">Cell Phone:</td> </tr> </table> 3. Other Key Study Personnel or ___ NA <i>Anyone who may be listed on a publication/presentation must be listed on the application.</i> <table border="1"> <thead> <tr> <th>Name/Degree and SIGNATURE</th> <th>Department / Division or Affiliation</th> <th>Role In Project</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			First Name:	Middle Initial:	Last Name:	Degree(s):	M.D.	D.O.	Ph.D.	D.D.S.	PharmD.	Other:	Department:							Email:							Cell Phone:							Name/Degree and SIGNATURE	Department / Division or Affiliation	Role In Project																<table border="1"> <tr> <td style="text-align: center;">THIS FORM MUST BE TYPED Submit One Copy to the IRB Office</td> <td>CR#</td> </tr> <tr> <td colspan="2" style="text-align: center;">University of Tennessee Graduate School of Medicine Institutional Review Board (IRB)</td> </tr> <tr> <td colspan="2" style="text-align: center;">CASE REPORT</td> </tr> <tr> <td colspan="2">1. Project Title <input type="text"/></td> </tr> <tr> <td colspan="2">2. Resident / Fellow Information <table border="1"> <tr> <td>First Name:</td> <td>Middle Initial:</td> <td>Last Name:</td> </tr> <tr> <td>Degree(s):</td> <td>M.D.</td> <td>D.O.</td> <td>D.D.S.</td> <td>Ph.D.</td> <td>PharmD.</td> <td>Other:</td> </tr> <tr> <td colspan="7">Department:</td> </tr> <tr> <td colspan="7">Email:</td> </tr> <tr> <td colspan="7">Cell Phone:</td> </tr> </table> </td> </tr> <tr> <td colspan="2">3. Other Key Study Personnel or ___ NA <i>Anyone who may be listed on a publication/presentation must be listed on the application.</i> <table border="1"> <thead> <tr> <th>Name/Degree and Signature</th> <th>Department / Division or Affiliation</th> <th>Role In Project</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> </td> </tr> <tr> <td colspan="2">4. # 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.</td> </tr> </table>	THIS FORM MUST BE TYPED Submit One Copy to the IRB Office	CR#	University of Tennessee Graduate School of Medicine Institutional Review Board (IRB)		CASE REPORT		1. Project Title <input type="text"/>		2. Resident / Fellow Information <table border="1"> <tr> <td>First Name:</td> <td>Middle Initial:</td> <td>Last Name:</td> </tr> <tr> <td>Degree(s):</td> <td>M.D.</td> <td>D.O.</td> <td>D.D.S.</td> <td>Ph.D.</td> <td>PharmD.</td> <td>Other:</td> </tr> <tr> <td colspan="7">Department:</td> </tr> <tr> <td colspan="7">Email:</td> </tr> <tr> <td colspan="7">Cell Phone:</td> </tr> </table>		First Name:	Middle Initial:	Last Name:	Degree(s):	M.D.	D.O.	D.D.S.	Ph.D.	PharmD.	Other:	Department:							Email:							Cell Phone:							3. Other Key Study Personnel or ___ NA <i>Anyone who may be listed on a publication/presentation must be listed on the application.</i> <table border="1"> <thead> <tr> <th>Name/Degree and Signature</th> <th>Department / Division or Affiliation</th> <th>Role In Project</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Name/Degree and Signature	Department / Division or Affiliation	Role In Project																4. # 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.	
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Anyone listed on the publication/presentation must be listed on the form/application.

****DEPARTMENT CHAIR MUST SIGN THE FORM ****

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

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

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

<p>IRB Case Report - CR # 1234 IRB DETERMINATION & APPROVAL CASE REPORT</p> <p>Jason Bourne, MD University of Tennessee Health Science Center Graduate School of Medicine</p> <p>TITLE: Managing to survive dissociative amnesia</p> <p>APPROVAL: 01/01/2525</p> <p>Dr. Bourne:</p> <p>Thank you for submitting the report on the above-referenced case. Since this activity is categorized as a case report, it does not meet the definition of human research found at 45 CFR 46. This letter serves as notification of IRB acknowledgement and approval.</p> <p>Any changes to this activity that may alter its "non-research" status should be presented to the IRB for review and approval prior to the implementation of the changes.</p> <p>Sincerely,</p> <p>UTGSM IRB </p>	<p> THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER</p> <p>GRADUATE SCHOOL OF MEDICINE</p> <p>IRB APPROVAL EXEMPT REVIEW</p> <p>Institutional Review Board IORG Registration 000051 1924 Alcoa Hwy., U-76 Knoxville, TN 37920 Office: 865.305.9781 http://gsm.utmc.edu/irb</p> <p>IRB#: 1234-EXAMPLE</p> <p>PI: Jason Bourne, MD</p> <p>Title: Managing to survive dissociative amnesia</p> <p>Sponsor: Unknown</p> <p>Exempt Approval: 01/01/2525 Expiration Date: never</p> <p>Approval for exempt research expires after 3 years or upon the PIs departure from the GSM, whichever is sooner. It is <u>your responsibility</u> to notify the IRB if you want to continue the research beyond that date.</p> <p>This approval authorizes you to conduct the research only as described in your application and protocol. IRB review and approval must be granted <u>before</u> making any changes, modifications or alterations to this research. Adverse events and protocol deviations must be reported to the IRB in accordance with our policies posted at http://gsm.utmc.edu/irb.</p> <p>Exempt items and items approved by Limited IRB Review are reported to the full Board on the next available agenda for a convened IRB meeting and in that meeting's minutes.</p> <p>Sincerely,</p> <p>IRB Chair or Chair's Designee</p>
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****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.utmc.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?


Yes

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

Case Report (Human Subjects)



****TRAVEL REQUESTS MUST BE SUBMITTED BEFORE THE TRAVEL AND CONFERENCE DATES****

Program:

Traveler/Presenter:

Presentation Type:

Presentation of:

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:

Conference Start Date: Format: mm/dd/yyyy ex. 1/31/2012

Conference End Date:

Format: mm/dd/yyyy ex. 2/3/2012

IRB Number:

CR-34444

If not the first time presented, please select how many times NATIONALLY (in US) presented previously.

Please check all UTMC Centers of Excellence that your presentation would benefit.

- | | |
|---|--|
| <input type="checkbox"/> Brain and Spine | <input type="checkbox"/> Orthopaedic |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Women and Infants |
| <input type="checkbox"/> Emergency and Trauma | <input type="checkbox"/> Primary Care |
| <input type="checkbox"/> Heart Lung Vascular | |
| <input type="radio"/> No Center of Excellence applies | |

Abstract:

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.