Houston Health Department **Investigative Review Committee (IRC) Form**

Instructions: Please submit a written letter signed by the individual requesting the research. In addition, please complete this IRC Request Form. Both the letter and the IRC form shall be submitted prior to beginning any review. You must allow the IRC Chairperson and Committee a minimum of 30 days from the date of your completed submission to consider the request and provide a response. Please do not access any data unless you have received written approval from the IRC. Use of, or collection of, data is conditional upon IRC review and approval. Please submit both the letter and the completed IRC form and any attachments to the following email address: analysisdatarequest@houstontx.gov

1. Request made by: Date: _____

   _____
   First and last name

   _____
   Phone number(s)

   _____
   Email address

   _____
   Complete mailing address, including zip code

2. Please explain as clearly and completely as possible your request, what data you are requesting to access, what systems the data is housed in, and identify the time period under review. If you are requesting to collect data, identify what data you would like to collect, where, when, and how. Also identify the intended study participants and how you propose to recruit for the study. Please provide a protocol and any data collection or interview instruments.(If Applicable).

3. Please identify reasons for requesting this data. Examples include: educational (such as a thesis or dissertation), applications for grants, publication, and/or collaboration with an agency. Please be as thorough as possible. Feel free to attach any supporting documentation.

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4. Are you currently working as a City of Houston Health Department employee? If yes, please identify your job title, function, division and program. Please also provide your employee ID number.

5. All IRC applications seeking to collect or use existing data belonging to a program, need an HHD Point of Contact (POC).

   a) If you are already working with someone from the Houston Health Department on this research/project, please specify their name(s) and title(s) here:

   _____

   Name of collaborator(s)

   b) If you do not currently have a HHD POC, you will need to locate, engage and provide the name of your POC.

   _____

   Name of collaborator(s)

   _____

   Title of collaborator(s)

6. If this request or project is deemed research by the IRC, Institutional Review Board (IRB) approval or documentation of exemption may be required by the IRC or your affiliated institution. Please provide documentation of IRB approval or exemption or describe any plans for submission to an IRB. The IRC is **not** an IRB and cannot serve as an IRB for your study or project.

Note: A POC can be a program manager or HHD leader that is familiar with the area that your application pertains to. For example: If your IRC application pertains to better understanding some aspect of diabetes, you would seek a POC from the Office of Chronic Disease.