

Research Conquest Partial De-identification Request Form

Requested by: **[Research Staff]**

[Department]

Study Information	
Protocol Number (IRB):	
MRN:	
Patient Study ID:	
Study Site ID:	
Study/Scan Date:	
Study/Scan Type (e.g., MRI, CT, PET/CT)	
Anatomical Location (e.g., Chest, Neck)	
Study Time Point (e.g., Cycle Number)	
Anonymization Requirements	
Anonymized MRN¹: (This will be the name of the folder in the Research Conquest network drive)	
Anonymized Accession Number (default will be 88) ¹ :	
Anonymized Name (default will be anonymized MRN): ¹	
Anonymized DOB (default will be actual DOB) ¹ :	
Other Special Anonymization ^{1,2} :	

Email completed form to pacsdept@nebraskamed.com with the subject line "Research Conquest Request"

How to Fill Out the Research Conquest Partial De-identification Request Form

Version Date 12/7/16

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1. Enter the Name of the individual requesting study partial de-identification. Ex. Jane Smith
 2. Enter the name of the department the request is coming from. Ex. Clinical Research Center
 3. Enter the Protocol Number (IRB). This is the IRB number that has been assigned to the study.
 4. Enter the MRN. This is the hospital medical record number that is used in One Chart.
 5. Enter the Patient Study ID. This is the name or number that the patient has been assigned for this study.
 6. Enter the Study Site ID. This is the name or number that the site has been given.
 7. Enter the Study/Scan Date. This is the date of the scan that you want partially de-identified.
 8. Enter the Study/Scan Type. This is the type of scan that was performed. Ex. CT, MRI, PET/CT, etc.
 9. Enter the Anatomical Location. This is the area of the body that was imaged. Ex. Neck, chest, abdomen, pelvis, etc.
 10. Enter the Study Time point. This is the time point within the study that the scan took place. Ex. Baseline, Cycle 3, Week 24, etc.
 11. Enter the Anonymized MRN. This is usually the Patient Study ID.
 12. Enter the Anonymized Accession Number. Accession number is a number in radiology that is assigned to each study. This field can be customized however you would like. If it doesn't matter what value is entered in this field, the default entry will be 88.
 13. Enter the Anonymized Name. This field can be customized however you would like. If it doesn't matter what value is entered in this field, the default entry will be the anonymized MRN.
 14. Enter the Anonymized DOB. This field defaults to the actual date of birth of the patient, so you will have to put something different in this field. Ex. Scan date, enrollment date
 15. Enter Other Special Anonymization. If your sponsor wants specific anonymization, you can enter it here.

REMINDER: This form only needs to be filled out ONE time per patient.

If you have any questions about this form, email the PACS department at pacsdept@nebraskamed.com