IRB Number: Date Received by IRB:

North Mississippi Health Services
Institutional Review Board

Case Study Submission Form

Title of Case Study:

Primary Author:

Additional Author(s):

Primary Author's address, phone and e-mail:

Primary Author's signature: _____ Date:

Detailed Summary of Case Study (details such as: when the patient submitted; when symptoms began; age; sex; hospitalization description; medical history; what is unusual about this case):

1. Is the patient able to provide informed consent and authorization to access their personal health information (PHI)?

   Circle one: ***YES*** ***NO***

2. If "yes" to #1
   a. Submit the informed consent form you plan to use (with this submission).

   b. The IRB will review the summary and consent form and grant approval if the appropriate information is provided. If IRB approval is granted, the stamped approved consent form must be used to consent the patient. When available, a copy of the full case report should be submitted to the IRB.

3. If "no" to #1 – the IRB will need to provide a waiver of authorization and requires the following information.

   a. State the reason the patient cannot authorize PHI access:

   b. State the PHI information necessary for this report:

   c. State who will review the PHI:

   d. State how the PHI will be stored and protected:

4. If "no" to #1 – the IRB will perform an expedited review to determine if it will grant a waiver of authorization.