



A Joint Project of the UOG Cancer Research Center and the Department  
of Public Health & Social Services  
Funded via Public Law 30-80

## CHECKLIST REQUEST FOR ACCESS TO HIPAA PROTECTED CANCER PATIENT INFORMATION

1. Indicate present organizational affiliation (organization sponsoring or supervising your research) title.
2. List your academic credentials and those of any others who will be assisting you (attach updated curriculum vitae).
3. Specify what records you wish to review.
4. Indicate the safeguards taken to protect the identity of patients whose records you will be reviewing. *The Cancer Registry reserves the right to redact any information not necessary for your study.*
5. Indicate the purpose of the proposed research project, including the hypothesis to be tested and the anticipated impact on cancer prevention or control.  
Please provide a full copy of the research proposal, a copy of the peer reviews, and the award letter providing funding. If documents are unavailable, briefly explain.
6. Indicate the nature of data to be collected and how you intend to analyze it.
7. Provide analysis demonstrating a sufficient number of cases on the cancer(s) you wish to study in order to calculate a statistically significant outcome.
8. Identify individual(s) who will be providing statistical analysis of the data and briefly describe his/her qualifications or provide a curriculum vitae.
9. The names of individual cancer patients or any facts tending to lead to the identification of individual cancer patients will not be made public nor published.
10. The research proposal must be reviewed by the University of Guam Institutional Review Board (IRB) committee. Attach a copy of the approval letter and approved consent form if applicable.

NOTE: If you wish to contact patients directly using the listing in the GCR database, **First** – obtain oral or written consent from the patient's attending physician. **Second** – patient will need to complete a release of confidential information form.



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I affirm the information I have provided is true and correct:

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APPLICANT (PLEASE PRINT)

SIGNATURE

DATE

RECOMMENDED/NOT RECOMMENDED

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GUAM CANCER REGISTRY

SIGNATURE

DATE

APPROVED/ NOT APPROVED RESEARCH AUTHORIZATION REQUEST:

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DIRECTOR OF PUBLIC HEALTH AND SOCIAL SERVICES

DATE

**COPY: Guam Cancer Registry; Principal Investigator, Dr. R.T. Leon Guerrero; DPH&SS, Research File**