

**Bureau of Vital Records  
Louisiana Office of Public Health**

**APPLICATION FOR USE OF VITAL RECORDS INFORMATION FOR RESEARCH**

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Date of Application:

Name and Title of Applicant:

Institution/Organization:

Address:

Telephone No.

E-Mail Address:

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**I. Summary Statement of Your Research Proposal**

Please summarize your proposal, including its hypothesis and its relevance to public health needs, and attach any cover letters or additional summary documentation.

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**II. Definition of Records Requested**

Type of Record:	Birth	Death	Fetal Death
	Marriage	Divorce	Induced Termination of Pregnancy

Year(s) \_\_\_\_\_ Geographic area(s) \_\_\_\_\_

Other characteristics (Conditions/ICD codes):

Format Required:      Certificate copies                  Electronic file

***If electronic files are requested, please provide a listing of all requested data items and the reason each is being requested or [attach the field layout.](#)***

**III. Means of Protecting Confidential Records (i.e. records containing name, address, or social security number)**

How will confidential records be protected from unauthorized access for the duration of the study?

Locked Cabinet/Vault                                      Password                                      Other      (please specify)

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**IV. Persons with Access to Confidential Records**

Please record the following information for all persons who will have access to confidential records.

<u>Name</u>	<u>Role in the study</u>	<u>Email address</u>
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**V. Destruction of Vital Records Information at Conclusion of Study**

Please estimate the conclusion date of the study and describe how printed and electronic copies of Vital Records will be destroyed at the conclusion of the study.

Estimated conclusion date of the study \_\_\_\_\_

Description of methods of destruction for printed and electronic copies of Vital Records:

**For all proposals approved by the Panel, a report of findings at the conclusion of the study must be sent to the State Registrar.**

**VI: Checklist for Attachments**

Please use this checklist to be sure that the following materials are attached to this application:

The complete study protocol, including public health objectives, rationale for the study, design details, and scientific basis for selection of subjects

Resumes of all investigators who will have access to the data, listing degrees, certifications, employment, and previous work in the subject area

If an electronic data file is being requested, a listing of all requested data items and the reason each item is being requested

If applicable, an outline of the informed consent process and a copy of the informed consent form that will

be completed by the study subjects

If applicable, approval from (1) an institutional review board or (2) an educational department chairperson if you are employed by or associated with an institution that requires such approval

The Vital Records form [Non-DHH Researcher: Confidentiality Assurance Statement for Use of Vital Records Information for Research](#), signed by all persons who will have access to Vital Records information.

A signed copy of the Vital Records form [Non-DHH Researcher: Indemnification Affidavit for Use of Vital Records Information for Research](#).

A copy of the full protocol is submitted with this application.

Investigator/researcher resumès or CVs are submitted with this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant

**Applicant Name/ Agency:** \_\_\_\_\_

**VII. Panel Action**

Signature	Action (Approve/Disapprove)	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please consider:

1. Is this research proposal designed to ensure confidentiality?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

2. Is this research in the best interest of the State of Louisiana or in the best interest of the public health of this state's citizens?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

3. Are the individuals well-qualified to conduct research?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Comments of Reviewers: