Saskatchewan Health Authority

Patient Label

NAME: _____

HSN: _____

D.O.B.: _____

❑ RUH ❑ SCH ❑ SPH
❑ PH ❑ RGH ❑ WRC ❑ Other _____

HEALTH INFORMATION MANAGEMENT SERVICES

CLINICAL TRIAL HEALTH RECORD RETENTION

This individual participated in a pharmaceutical research study. Health Canada Food and Drug Regulations – Division 5, C.05.012 require all records be retained for 15 years following completion of the study.

SECTION BELOW TO BE COMPLETED BY RESEARCHER:

Study title: _____

_____

Study protocol #: _____

REB #: _____

Date trial started at local site: _____
(dd/mmm/yyyy)

Date trial ended at local site: _____
(dd/mmm/yyyy)

Saskatchewan Health Authority operational approval to conduct this research was granted on:

_____
(dd/mmm/yyyy)

Contact information (please print)

Investigator: _____

Department: _____

Phone #: _____

Signature: _____ Date: _____
(Investigator) *(dd/mmm/yyyy)*

FOR COMPLETION BY HEALTH INFORMATION MANAGEMENT SERVICES (MANAGER AND/OR HIM ANALYST)

Date to destroy patient chart visit(s): _____
(dd/mmm/yyyy)

KEEP ON <u>TOP RIGHT-HAND SIDE</u> OF THE CHART

PLACE ON <u>ALL</u> VOLUMES INCLUDED IN THE STUDY PERIOD