



DATE: _____

TO: Medicolegal Section, Medical Record Dept., Bldg. 10, Rm. 1N205, (301) 594-7873, FAX (301) 480-9982

FROM: _____

SUBJECT: Memorandum of Monitoring Audit

PLEASE PRINT IF FILLING OUT BY HAND

Name of Auditing Group: _____ Scheduled Date(s) of Audit: _____ to _____

Institute: _____ Name of Principal Investigator: _____

Protocol Number(s): _____

Name(s) of Auditor(s) [auditor's full legible legal names are required for CRIS access]: 1) _____;

2) _____; 3) _____;

4) _____ 5) _____.

Approximate Number of Medical Records Needed: _____ * Will CRIS System Access be Needed? Yes _____ No _____

Will Wireless Internet Access be Needed? Yes _____ No _____

Is a Curriculum Vitae (submitted within the last year for each auditor): 1) Enclosed? _____ or 2) On File with Medicolegal? _____

Is an NIH CC Confidentiality Agreement (submitted within the last year for each auditor): 1) Enclosed? ___ or 2) On File with Medicolegal? ___

NIH Point-of-Contact: Name: _____ Point-of-Contact NIH Telephone: _____

Point-of-Contact NIH Address: _____ Point of Contact NIH e-mail Address: _____

I recognize that I am responsible for briefing and monitoring the performance of each auditor, particularly as it pertains to the handling of confidential patient information, as well as obtaining needed records currently charged out to patient care areas. In addition, prior to the commencement of auditing activities, I will provide all abstracting documents to the Section Head, Medicolegal Section or their designee for review. Patient names, medical record numbers or other unique patient identifiers such as social security number, patient address or telephone number are not to be abstracted or otherwise collected by auditing personnel. Photocopying of medical documents is not permitted.

Point-of-Contact Signature: _____

* Patient medical records must be requested in one of two formats described as follows:

1. Via a list submitted to the Medicolegal Section, Building 10, Room 1N205 in typewritten form the Wednesday prior to the week of the scheduled audit that indicates the following: a) the name of the auditing group, b) the name and NIH address, telephone number, address and e-mail address of the NIH point-of-contact, c) the date(s) of the audit, d) each patient name and medical record number. Please contact the Medicolegal Section at (301) 496-3331 for a template of this list if you wish. Please do not e-mail patient names to anyone unless you have a secure, encrypted e-mail account and encrypt the message to protect patient confidentiality.
2. Via a legibly handwritten NIH-293-1 "Request for Medical Record" form for each medical record requested. If this option is chosen, these forms must be submitted to the Medicolegal Section in Building 10, Room 1N205 at least one week prior to the first day of the audit. NIH-293-1 forms may be obtained in Building 10, Room 1N211.

This completed memorandum must be submitted to the Medicolegal Section, Building 10, Room 1N205 before audits will be scheduled. Due to space limitations, it is recommended that audit rooms be reserved and this memorandum be delivered to the Medicolegal Section at least one month prior to the first day of the audit. This memorandum may be faxed to (301) 480-9982, e-mailed or personally delivered to any Medicolegal Section employee.