



I. SCOPE

The SOP applies to human subjects research studies that involve patient intervention or patient care services in Loyola University Medical Center (LUMC) facilities.

II. PROCEDURES

- 1. The Principal Investigator and/or his/her designee ("Study Team") obtains consent from a patient according to Institutional Review Board (IRB) approved practices.
2. The Study Team provides the required documents Health Information Management (HIM) as soon as possible after consent is obtained and no later than the day the patient first receives study-related patient care services:
a. Compile the required documents:
(1) A copy of the signed consent form with patient name and MRN included
(2) A completed Request to Scan Document into Epic cover sheet
b. Paperclip the documents together (no staples)
c. Deliver hard copies of these documents to HIM by:
(1) Interoffice mail or personal delivery to HIM's office in Maguire 0856
(2) Deposit in a hospital clinic or unit's HIM outgoing mailbox
3. Health Information Management scans the document into the patient's chart under the document type 'IRB Documents'. The standard description is "IRB [IRB number on consent]". It can be viewed in the Media tab in the Chart.

III. REFERENCES

- 1. The Joint Commission Accreditation Manual, Hospital, version July 1, 2018, Requirement RI.01.03.05

IV. ASSOCIATED DOCUMENTS AND FORMS

- 1. Request to Scan Document into Epic cover sheet

V. APPROVALS

[Signature] 6-6-18
LUMC EVP, Clinical Affairs (or designee) Date

[Signature] 6/11/18
LUC Senior Director, Clinical Research Office (or designee) Date

REQUEST TO SCAN DOCUMENT INTO EPIC

Loyola University Health System
Medical Record Department

Instructions:

1. Paperclip, this page on the document.
2. Provide patient name or Loyola medical record number for ALL outside correspondence to be scanned. Documents that cannot be accurately identified will be returned for clarification.
3. If questions, please contact the Scanning Dept at ext. 66951.

Patient Name: _____ MRN: _____

Clinic Name (required): _____

Physician (required): _____

The following documents will be scanned. To ensure consistency, the Scanning Department will determine the appropriate buckets in which to scan the documents.

ABN

Adoption Documents

Advanced Directive, Living Will

Advanced Directive, POA

Against Medical Advise Form

Champus Authorizations

Chemotherapy

Clinical Notes

Conscious Sedation

Consents

DCFS Forms

Discharge Instructions

Downtime Documents

Elmhurst, ED

Elmhurst, Imaging/Radiology

Elmhurst, Labs

Emergency Department Document

Guardianship Papers

HIPAA Amendment Request

IDPH Child Health Forms

Insurance Cards

IRB Documents

Labs (Non-LUHS)

Letters

Medical Records (Non-LUHS)

Medicare Authorizations

Palos, ED

Palos, Imaging/Radiology

Palos, Labs

Power of Attorney

Prenatal

Prescriptions

Prosthetics Checklist

Return to Work

Self Reported History

Self Reported Meds

Telephone Triage

Test Results (Non-LUHS)

Therapy

Urodynamics