Research Records Inventory Form
Data and Participant Records

*Research Group Association: ☐ HSR ☐ IACUC ☐ IBC ☐ SBS ☐ Other

*Research Group Number (HIC#/HSR#): _____

Minor Subjects? ☐ Yes ☐ No Birth Year of Youngest Minor Subject _____

*Primary Sponsor Name: _____

Sponsor Protocol #: _____

Sponsor Division/Dept: _____

Sponsor Address: _____

City/State/Zip: _____

Contact Name: _____

Contact Email: _____

Contact Phone: _____

PTAO Project# _____ *OSP Award # _____

Drug/Device Name: _____

Drug IND/Device IDE # _____

Retention Language per Contract/Protocol: _____

_____

Study/Trial Name: _____

_____

_____

IRB Close Date: _____ *PI Name/Computing ID _____

Description of Records (may include Drug/Device Name): _____

_____

*Date Range - Beginning: _____ *Date Range - Ending: _____

Number of boxes: _____ (Use back for individual box listings and contents)

Current Location: _____ *Primary Contact Computing ID: _____

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Box Listing:

Box Legacy #	Description	Date Range

Instructions – Research Records Inventory Form
Data and Participant Records

This sheet will assist in collecting the information required to enter Research Data and Participant Records into the URMA System. More information on storage and the URMA system can found on the Records Management website: www.recordsmanagement.virginia.edu

Each sheet will represent one study and include all boxes of study material or all electronic storage locations.

You will need access to the Administrative Records of the study, including the study protocol and IRB approval information. Below are definitions of the fields on Page 1:

*Research Group Association: indicate the UVA Internal review board required for the study. If there is more than one IRB associated with the same study, select based upon the following priority list: (1)HSR; (2)SBS; (3)IACUC; (4)IBC; (5)Other.

*Research Group Number (IRB Number) – Enter the IRB or other review board number here. If unknown, enter 0s.

Minor Subjects: Circle if minor subjects are included in the study. Add the birth year of the youngest subject, if known, to make calculating retention easier.

*Primary Sponsor Name: the name of the company or organization sponsor of the project – if a subcontract, indicate the name of the organization contracting with UVA.

Sponsor Protocol #: sponsor's protocol number from the Protocol.

Sponsor Division/Department, Address, Sponsor City, State and Zip

Contact Name: first and last name of the main contact for the study – a sponsor trial coordinator or lead investigator.

Email and Phone: for the person listed in the Contact information above.

PTAO Project Number and OSP Award: both numbers come from the PTAO. If unknown, please use 0s.

Drug/Device Name & Drug IND/Device IDE#: listed in the protocol or other administrative/instructions received from the sponsor.

Retention Language Per Contract: this language is usually listed in the protocol. Check the table of contents - it may be called Data Retention or Data Management.

Study/Trial Name: name of the study as listed on the official protocol or IRB approval.

*PI Name/Computing ID – the principle investigator for the study at UVA.

*IRB Close Date: date when the study was closed by the IRB.

Description of Records: a general description of the records held in all boxes. You will provide details on individual boxes or files/folders on the backside of the form. (For us in creating box records in URMA).

*Date Range – Beginning & Date Range – Ending: general dates of the study start and finish (for use in creating box records in URMA).

Number of boxes – number of boxes for the study (use the 10 x 12 x 15 size box only!)

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Current Location – building and room number.

*Primary Contact Computing ID – yourself or the person in the department responsible for the records.