

Ethics Committee Initiation Form

Date of Receipt: Select a date.

How information was received: Click dropdown to select an item.

Initiator Information:

Name: Click or tap here to enter text.

Organization: Click or tap here to enter text.

Email: Click or tap here to enter text.

Address: Click or tap here to enter text.

Daytime Phone: Click or tap here to enter text.

Cell Phone: Click or tap here to enter text.

Related PPHD program area:

Type the program/service area or name here.

Brief description:

Type a brief description of the concern here.

Recommended change or action desired:

Type a recommended change our outcome here.

Name of Person Recording: Name of person recording the report **Date:** Select a date.

FOR INTERNAL USE

Review date Select a date.

Other possible questions to pursue? Click or tap here to enter text.

Legal Review Needed? Y N

Legal review completed? Date Select a date.

Initials Click or tap here to enter text.

HIPPA Considerations? Y N If yes, list: Type HIPAA Considerations Here.

Expedited Review or Full Review ?

Any conflict of interest for committee members? Y N If yes, list: Type name of member(s) with conflict and the nature of the conflict

Recommendations for next steps? Click or tap here to enter text.