PHILIPPINE GENERAL HOSPITAL
The National University Hospital
University of the Philippines Manila
Taft Avenue, Ermita Manila, Philippines 1000
(PHIC-accredited Health Care Provider)
ISO 9001 Certified

October 14, 2020

MEMORANDUM NO. 2020-166

T O : Department Chairs
Medical Records Division

F R O M : GERARDO D. LEGASPI, MD
Director

SUBJECT : **Flowchart for Registry of Admission and Discharges (RADISH) Access for Research and Training Activities**

Please find attached the flowchart for the guidelines for RADISH access for research and training activities. The following forms are to be used:

1. EHRO RADISH Access for Research Application Form
2. EHRO Case Report Application Form
3. Informed Consent Form for Case Reports
4. Request for access to charts in the RADISH for training purposes

The flowchart and the forms are also available through this link: bit.ly/RADISHAccessForms.

For your guidance and compliance.

cc: EHRO

/bles

GUIDELINES FOR USE OF THE REGISTRY OF ADMISSION AND DISCHARGES (RADISH) ACCESS FOR RESEARCH AND TRAINING ACTIVITIES

REQUESTOR

RESEARCH PURPOSE

Expanded Hospital Research Office (EHRO) serves as the Research Governance Office
(to screen and validate the request for chart retrieval)
Email at oddho-ehro.uppgh@up.edu.ph

For Research purpose: (Chart Retrieval)
The requestor submits to EHRO the following:
- EHRO RADISH Access for Research Application Form
- UPMREB approval of protocol

Action of EHRO: will issue **Permit to Conduct** addressed to the Medical Records Division (MRD)

For **case reports:**
The requestor submits to EHRO the following:
- EHRO Case Report Application Form (contains a short summary of the proposed case report)
- Copy of the informed consent specific for the case report signed by the patient or the nearest of kin for adults; signed by the parent or guardian for pediatric patients.

Action of EHRO: will stamp APPROVED the EHRO Case Report Application Form

DEPARTMENT CASE PRESENTATIONS FOR TRAINING PURPOSES

DEPARTMENT (Section of Training) serves as the Training Governance Unit
(to validate and approve the request for chart retrieval)
Issues the Request for RADISH Access for Training Purposes Form

REQUESTOR will send email to the Medical Records Division (MRD) mrdpgh.mls@gmail.com
- List of names for RADISH Access (All names may be listed but a maximum of 10 names will be given passcodes at any one time)
- Type of chart whether in-patient or out-patient
- Admission date of confinement needed
- Proof of approvals either from EHRO (for research) or from the Department (for training)

MRD will issue the Passcode via email reply with the following conditions:
- Issuance of passcode (for each admission for each patient) with three-day validity (Day 1 is the day the passcode is issued)
- Access to charts anywhere where RADISH allows
- Passcodes will be invalidated after three days. Re-application is needed if the researcher needs more time.

This guideline is applicable even for currently admitted patients.

From the PGH Deputy Director of Hospital Operations, Expanded Hospital Research Office, Legal Office, Data Privacy Officer, and MRD in consultation with UP Manila Research Ethics Board. This replaces the previously issued guidelines dated September 28, 2020. This is dated October 14, 2020.

PGH Form No. Q-310056
Rev. 00, Eff. Date 15 Oct 2020

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EXPANDED HOSPITAL RESEARCH OFFICE
RADISH ACCESS FOR RESEARCH APPLICATION FORM

Principal Investigator/s	
Supervising Investigator/s	
Department/Unit	
Application Submission Date	
Title of Research	
RGAO Registration Number	
UPMREB Code	
Objective/s	
Number of patients to be included in the research	
Submitted By Name / Signature	
Endorsed By Name / Signature (Supervising Investigator)	
Action of EHRO Date	

PGH Form No. Q-310053
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EXPANDED HOSPITAL RESEARCH OFFICE
CASE REPORT APPLICATION FORM

Principal Investigator	
Department/Unit	
Application Submission Date	
Case Report Tentative Title	
Objective/s	
Brief Literature Review	
Number of patients to be included in the case report	
Written informed consent taken from all potential participants or nearest of kin (please attach)	
If without informed consent, justification :	
Submitted By Name / Signature	
Endorsed By Name / Signature (Supervising Investigator)	
Action of EHRO Date	

PGH Form No. Q-310054
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Informed Consent form for CASE REPORTS

For a patient's consent to being written as a case report and publication of images and/or information about them in scientific journals.

Name of patient: **Relationship to patient** (if patient not signing this form):	
Provisional title of the case report	

CONSENT

I_____*[PRINT FULL NAME]* give my consent for the Material about me/the patient to appear in a case report for writing and publication.

I confirm that I: (please tick boxes to confirm)

- ☐ **agree that my case be written as a report for possible publication to a scientific journal/s**
- ☐ **agree that photos and other images and materials about me appear in the case report for as long as I am de-identified**
- ☐ **am legally entitled to give this consent.**

I understand the following:

(1) The case report will be published without my/the patient's name attached, however I understand that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - for example, somebody who looked after me/the patient or a relative - may recognize me/the patient.

(2) The case report may show or include details of my/the patient's medical condition or injury and any prognosis, treatment or surgery that I have/the patient has, had or may have in the future.

(3) The article may be published in a journal which is distributed either locally or internationally.

(4) I/the patient will not receive any financial benefit from publication of the article.

(5) I can revoke my consent at any time before publication, but once the article has been committed to publication ("gone to press") it will not be possible to revoke the consent.

(6) This consent form will be retained securely and in confidence by the Philippine General Hospital in accordance with the law, for no longer than necessary. Personal data provided in this form will be used and retained in accordance with PGH's Data Privacy Policy.

SIGNATURE:

PRINTED NAME:

ADDRESS:

E-MAIL ADDRESS:

CONTACT NUMBER:

DATE:

If signing on behalf of the patient, please give the reason why the patient can't consent for themselves (e.g. patient is under 18 or has cognitive or intellectual impairment).

Details of the person who got the informed consent: (e.g. the corresponding author or other person who has the authority to obtain consent).

SIGNATURE:

PRINTED NAME:

DEPARTMENT/UNIT:

POSITION:

ADDRESS:

E-MAIL ADDRESS:

CONTACT NUMBER:

DATE:

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REQUEST FOR ACCESS TO CHARTS IN THE REGISTRY OF ADMISSION AND DISCHARGES (RADISH) FOR TRAINING PURPOSES

(for the Medical Records Division)

Requestor Name	
Year Level of Training	
Department/Division/Unit	
Request Submission Date	
Training Activity where the chart/s will be used	
Names of patients for chart retrieval	
Endorsed and Approved By: Name and Signature *(from the Training Committee of the Department/Division/Unit)*	