## **BURRELL COLLEGE OF OSTEOPATHIC MEDICINE**

STANDARD OPERATING PROCEDURES

| Internal Data Request |          | SOP #: GA.012.00 |
|-----------------------|----------|------------------|
| Effective Date        | 2.4.2021 |                  |
| Last Revision/Review  |          |                  |

#### 1. Purpose

The purpose of this SOP is to describe the procedures for internal data requests. Requests may be generated by Burrell faculty or staff.

#### 2. Related Policy/Authority

#### 3. Faculty/Staff Responsibilities

Office of Compliance and Institutional Assessment

#### 4. Definitions/Abbreviations

IRB: Institutional Review Board BCOM Reporting System: Internal data reported system

#### 5. Procedural Steps

5.1 All internal data requests must be submitted via <u>Data Request Form</u> located on the Administrative Services tab on the Burrell website.

5.2 Once the requestor submits the Data Request Form, the Office of Compliance and Institutional Assessment will respond within 2 business days to notify the requestor of the projected timeline of the request.

5.3 Dependent on the type of data request, the Office of Compliance and Institutional Assessment may consult with the Office of Research and Sponsored Programs to determine if approval by the IRB is necessary. Research is defined as a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalize knowledge.

5.4 The Office of Compliance and Institutional Assessment will collaborate with the Assistant Dean of Student Assessment and/or the Registrar, as appropriate for the data request.

5.5 If necessary, the data will be de-identified prior to submission to the requestor.

5.6 If the data request will be reoccurring, the Office of Compliance and Institutional Assessment will set up a report in the BCOM Reporting System utilizing the IT department.

5.7 The Office of Compliance and Institutional Assessment will keep the data requests and a completion form stored in a secured Shared folder for the Office of Compliance.

#### 6. Reports/Charts/Forms/Attachments/Cross References

#### 7. Maintenance

The Office of Compliance and Institutional Assessment will review and update annually.

#### 8. Signature

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| Signature on File                            | 2.4.2021 |
|--|----------|
| Nina Nunez, Vice-President of Compliance and | Date     |
| Institutional Assessment                     |          |

#### 9. Distribution List

Internal

## 10. Revision History

| Revision | Subsection  | Summary of Changes | New/Cancellation/ | Approval |
|----------|-------------|--------------------|-------------------|----------|
| Date     | #           |                    | Replacement       | Date     |
|          |             |                    | Procedure? (if    |          |
|          |             |                    | applicable)       |          |
| 1        | [e.g., 3.1] |                    |                   |          |
|          |             |                    |                   |          |