|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | BIOMEDICALLOCAL PROTOCOL CHECKLISTProtocol Section: | YES | No | N/A |
|  | Title, PI Name, Department, Phone Number, E-mail Address | [ ]  | [ ]  | [ ]  |
|  | Version Number | [ ]  |[ ]  [ ]  |
|  | Study Summary: Research Site, Funding |[ ] [ ] [ ]
|  | Revision History |[ ] [ ] [ ]
|  | Objectives |[ ] [ ] [ ]
|  | Background |[ ] [ ] [ ]
|  | Study Endpoints |[ ] [ ] [ ]
|  | Study Investigational Agents |[ ] [ ] [ ]
|  | Procedures Involved |[ ] [ ] [ ]
|  | Data and Specimen Banking |[ ] [ ] [ ]
|  | Sharing of Results with Participants |[ ] [ ] [ ]
|  | Study Timelines |[ ] [ ] [ ]
|  | Inclusion and Exclusion Criteria |[ ] [ ] [ ]
|  | Vulnerable Populations |[ ] [ ] [ ]
|  | Local Number of Participants |[ ] [ ] [ ]
|  | Withdrawal of Subjects |[ ] [ ] [ ]
|  | Data Monitoring |[ ] [ ] [ ]
|  | Compensation for Research Related Injury |[ ] [ ] [ ]
|  | Economic Burden to Subjects |[ ] [ ] [ ]
|  | Consent Process |[ ] [ ] [ ]
|  | Resources Available |[ ] [ ] [ ]
|  | References |[ ] [ ] [ ]

Notes: