|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | BIOMEDICAL  LOCAL PROTOCOL CHECKLIST  Protocol 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: