|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | MEDICAL RECORD REVIEW  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 Design and Procedures |  |  |  |
|  | Source of Records/Recruitment |  |  |  |
|  | Date Range |  |  |  |
|  | Inclusion and Exclusion Criteria |  |  |  |
|  | Data Collection Procedures |  |  |  |
|  | Data to be Collected |  |  |  |
|  | Data Analysis |  |  |  |
|  | Sharing of Results with Participants |  |  |  |
|  | Privacy & Confidentiality of Data |  |  |  |
|  | Secure Storage of Data |  |  |  |
|  | Study Timelines |  |  |  |
|  | Consent Process |  |  |  |
|  | HIPAA |  |  |  |
|  | Resources Available |  |  |  |
|  | References |  |  |  |

Notes: