|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | MEDICAL RECORD REVIEWLOCAL 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 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: