|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | SECONDARY DATA AND/OR BIOSPECIMENS  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 |  |  |  |
|  | Data Collection Procedures |  |  |  |
|  | Data Analysis |  |  |  |
|  | Privacy & Confidentiality of Data |  |  |  |
|  | Secure Storage of Data |  |  |  |
|  | Study Timelines |  |  |  |
|  | Consent Process |  |  |  |
|  | HIPAA |  |  |  |
|  | Resources Available |  |  |  |
|  | References |  |  |  |

Notes: