## Southcentral Foundation (SCF) Research: (907) 729-8623

## Alaska Native Tribal Health Consortium (ANTHC) Research Review: (907) 729-2901

Complete this summary form using lay language.

**[ ]  ABSTRACT [ ]  MANUSCRIPT [ ]  FINAL REPORT**

**[ ]  MEDICAL CASE REPORT (ANTHC)** (Check One)

**Date submitted:**

Submitted by: [Name and e-mail address]

Title of submission:

**First or corresponding author:**

Name:

Address:

Phone:

Email:

**Other authors (provide email for authors if to be included in correspondence):**

Name: Email:

Name: Email:

Name: Email:

**Institutions/organizations involved/locations (city, state):**

**For presentation at or publication in (conference name and date or journal):**

**Did this project access the Alaska Native Medical Center (ANMC), SCF, or ANTHC administrative, behavioral health, dental, or medical records? [ ]** Yes **[ ]** No If yes, please describe

**Study site(s)** **(facility/department, point of contact and city, state):**

Name of study associated with this abstract, manuscript, or final report:

Is this the first abstract or manuscript from the above referenced study submitted for SCF and/or ANTHC approval? [ ]  Yes [ ]  No

If yes, please indicate proposal submission title and date of approval.

**Summarize findings in 350 words or less using lay language** (what was done, how it was done, what was found and what it means):

**Provide plans for dissemination of findings to the tribal health organization (including leaders, providers, and staff) and Alaska Native people (participants and the general community):**

**Are there potentially any sensitive issues? [ ]** Yes **[ ]** No If yes, please describe.

**Would you recommend any changes to current SCF/ANTHC/ANMC clinical and/or operational practices based on findings? [ ]** Yes **[ ]** No

Please describe and delineate plan of action or next steps.

**PLEASE ALSO SUBMIT:**

**[ ]  Clean Abstract/Manuscript using line numbers**

[ ]  Current AAIRB approval letter

[ ]  Documentation of tribal approval

Note: If this abstract/manuscript involves tribal health organizations other than SCF and ANTHC, please also submit to participating organizations.