## Abstract/Manuscript Summary Form

## 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)

1. **Date submitted:**
2. Submitted by: [Name, and email address]

1. Title of submission:
2. **First or corresponding author:**

Name:

Address:

Phone:

Email:

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

Name: Email:

Name: Email:

Name: Email:

1. **Summarize findings in 350 words or less using lay language** (what was done, how it was done, what was found and what it means):
2. **Institutions/organizations involved/locations (city, state):**

1. **For presentation at or publication in (conference name and date or journal):**
2. **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
3. **Study site(s)** **(facility/department, point of contact and city, state):**
4. Name of study associated with this abstract, manuscript, or final report:
5. 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 protocol submission title and date of ANTHC and/or SCF approval.

1. **Provide plans for dissemination of findings to the tribal health organization** (including leaders, providers, and staff) **and Alaska Native peoples** (participants and the general community)**:**
2. **Are there potentially any sensitive issues? [ ]** Yes **[ ]** No If yes, please describe.
3. **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.

1. **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.