## PROPOSAL 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.

**Concept Approval:** Concept approval is required prior to submitting application.

Not applicable Conceptapproval obtained Concept approval not obtained

If obtained, Identify approval date:

If not approved, please provide an explanation.

1. Date submitted:
2. Submitted by: [Name, and email address]
3. Title of submission:
4. **Principal Investigator (PI):**

Name:

Address:

Phone:

E-mail:

1. **Co-Investigators: provide email(s) if co-investigator’s to be included on correspondence.**

Name: Email:

Name: Email:

Name: Email:

1. **Summarize proposal in 350 words or less using lay language** (What will be done, how it will be done, and why it matters?)**:**
2. **Institutions/organizations involved: provide locations (name, city, state)**
3. **Funding source(s):**
4. **Expected start date:**
5. **Expected end date:**
6. **Study site(s): location (city/state); facility/department; point of contact (name)**
7. **Institutional Review Board (IRB) Protocol number, approval date, and review status:**

Alaska Area IRB: XX-P-XX or XXXX-XX-XXX

Not Research Exempt Research Expedited Research Full Review

Other IRBs: Name, protocol number, approval date,

Not ResearchExempt Research Expedited Research Full Review

1. **SCF/ANTHC Privacy Officer review status:** Not applicable

If not applicable, please describe:

1. **Will this project be using Alaska Native Medical Center (ANMC), SCF, or ANTHC administrative, behavioral health, dental, or medical records?** Yes No

If yes, please describe.

1. **Will minor children be involved?** Yes No

If yes, please describe:

1. **Will this study involve biospecimens?** Yes No

If no, skip to question 17.

* 1. **Will this project be requesting long-term biospecimen storage at the Alaska Area Specimen Bank (AASB)?**

Yes No If yes, please describe.

* 1. **Will temporary storage be needed for this project?**

Yes NoIf yes, please describe.

* 1. **Will this project be requesting use of biorepository samples?**

Yes No

If yes, please check all applicable.

Alaska Area Specimen Bank

ANTHC Pathology Specimen Archive

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **If you plan to be using the AASB in your project (whether withdraw or deposit), have you contacted** [**aasb@cdc.gov**](mailto:aasb@cdc.gov) **?**

Yes No

1. **If identifiable information will be collected, how will it be safeguarded?**

**Please describe:**

1. **Will Alaska Native/American Indian peoples be involved with the investigative team for this project?**

Yes No

If yes, in what capacity?Please describe (e.g., investigators or otherwise involved in conducting the research, member of research team, advisory committee, consultant).

1. **Risks/potential harms/sensitive issues** (for each risk/potential harm/sensitive issue describe how the issue will be mitigated)**:**
2. **SCF/ANTHC resources needed for the study**

(Data Analyst, recruitment space, other department or staff time, etc.)**:**

1. **Provide plan for dissemination of findings to the Tribal Health Organization** (including leaders, providers, and staff) and Alaska Native people (participants and the general community)**:**
2. **PLEASE ALSO SUBMIT:**

**Original AAIRB approval letter or most current renewal letter**

**AAIRB approved protocol in word document using line numbers**

**Informed consent/assent forms, if applicable**

**Data abstraction tools, if applicable**

**All recruitment materials, if applicable**

Note: If this study involves Tribal Health Organizations other than SCF and ANTHC, please also submit to participating organizations.