**UUOC IRB Exempt Umbrella Protocol Summary Template**

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| **Project Title:**  **Faculty Principal Investigator:**  **Co-investigators(all individuals working on study):** |
| **Questions/Purpose:**  *State hypothesis or question* |
| **Methods:** *Specify inclusion/exclusion criteria primary outcome variable, all independent & dependent variables, statistical approach, patient sample size, data source.*  Research design: Secondary data analysis/Retrospective review  Inclusion/Exclusion:  Statistical Approach:  Patient sample size:  Data Source: |
| ***This project has been reviewed and determined to meet all requirements for inclusion in this umbrella protocol.***  Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_  ***I understand and agree to conduct this research in accordance with the IRB regulations for Exempt Research and all departmental rules and regulations. If applicable, I have discussed with all clinical faculty the use of their patient and clinical data.***  Investigator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_  *(must be signed and dated AFTER compliance officer)*  ***Final Review Submission***  *(attached abstract or manuscript if available)* |
| **Results:** *summarize key results*  *(not required IF attaching abstract/manuscript)* |
| **Conclusions/Applications:** *Discuss the generalizability (external validity) of study results (not required IF attaching abstract/manuscript)* |

Non-Conflicted Peer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Required if any Investigator has COI Management Plan)*