

- ☐ Executive Committee Final Approval
- ☐ Recommendation for Full Board
- ☐ Information

- ☐ Concept Proposal
- ☐ Proposal Summary
- ☐ Abstract
- ☐ Manuscript

CONCEPT PROPOSAL

Recommendation(s):

Date submitted:

Submitted by:

Title of submission:

Principal Investigator (PI):

Name:

Address:

Phone:

E-mail:

Co-Investigators (provide email for Co-Is to be included in correspondence):

Name:

Name:

Name:

Institutions/Organizations Involved/Locations (city/state):

Funding source(s):

Expected start date:

Expected end date:

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

Will this project qualify for expedited Institution Review Board (IRB) review or be exempt from IRB review? ☐ Yes ☐ No

Will Alaska Native/American Indian people be involved?

☐ Yes ☐ No

General goals and objectives of the study:

Potential benefits:

Risks/potential harms:

SCF/ANTHC resources needed for the study:

Are there potentially any sensitive issues? ☐ Yes ☐ No

Provide plan for dissemination of findings to the tribal health organization(s) and Alaska Native people:

PLEASE ALSO SUBMIT:

☐ One page narrative summary in Microsoft Word format of the proposed project