**UUOC IRB Exempt Umbrella Protocol Summary Template**

|  |
| --- |
| **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 reviewInclusion/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)*