

- ☐ 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