

USE THIS CHECKLIST TO CONFIRM THAT THE SUBMISSION IS COMPLETE

CHECKLIST FOR THE SUBMISSION OF A NEW RESEARCH PROTOCOL				
STREAMLYNE USER ACCOUNT ACTIVATION/ REQUEST USER		COMPLETED*	PENDING*	N/A*
ACTIVATE ACCOUNT: https://research.upr-med.streamlyne.org/	REQUEST USER ACCOUNT: https://docs.google.com/forms/d/e/1FAIpQLSfJDUkiTcLgWePKRizTMJ6GZ-WQSrxYvqJVg_nmZeBaWzXQ/viewform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STREAMLYNE – NEW SUBMISSION		COMPLETED*	PENDING*	N/A*
Research Personnel have been identified		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Locations have been identified		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of Funding Identified (if applicable, include Grant Number)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All questions have been answered		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If study is a Clinical Trial → Clinical Trials.gov Identifier has been included		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflict of Interest Section has been answered		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOCUMENTS UPLOADED		COMPLETED*	PENDING*	N/A*
Proposal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informed Consent Form (ICF)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assent Form		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informative Sheet		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIPAA Questionnaire		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instruments / Data collection sheet		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis Management Plan		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaboration letter for the implementation of the Crisis Management Plan (if applicable).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Request for a waiver of authorization for the release of health information		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sites Authorization or Collaboration Letter		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertisement and Approval from the MSC Press Office		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of submission to the Institutional Biosafety Committee (IBC)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENDORSE PROTOCOL		COMPLETED*	PENDING*	N/A*
Endorsed by PI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sign-Off from Department Director		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submitted to IRB		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* To select, press double click on the box.