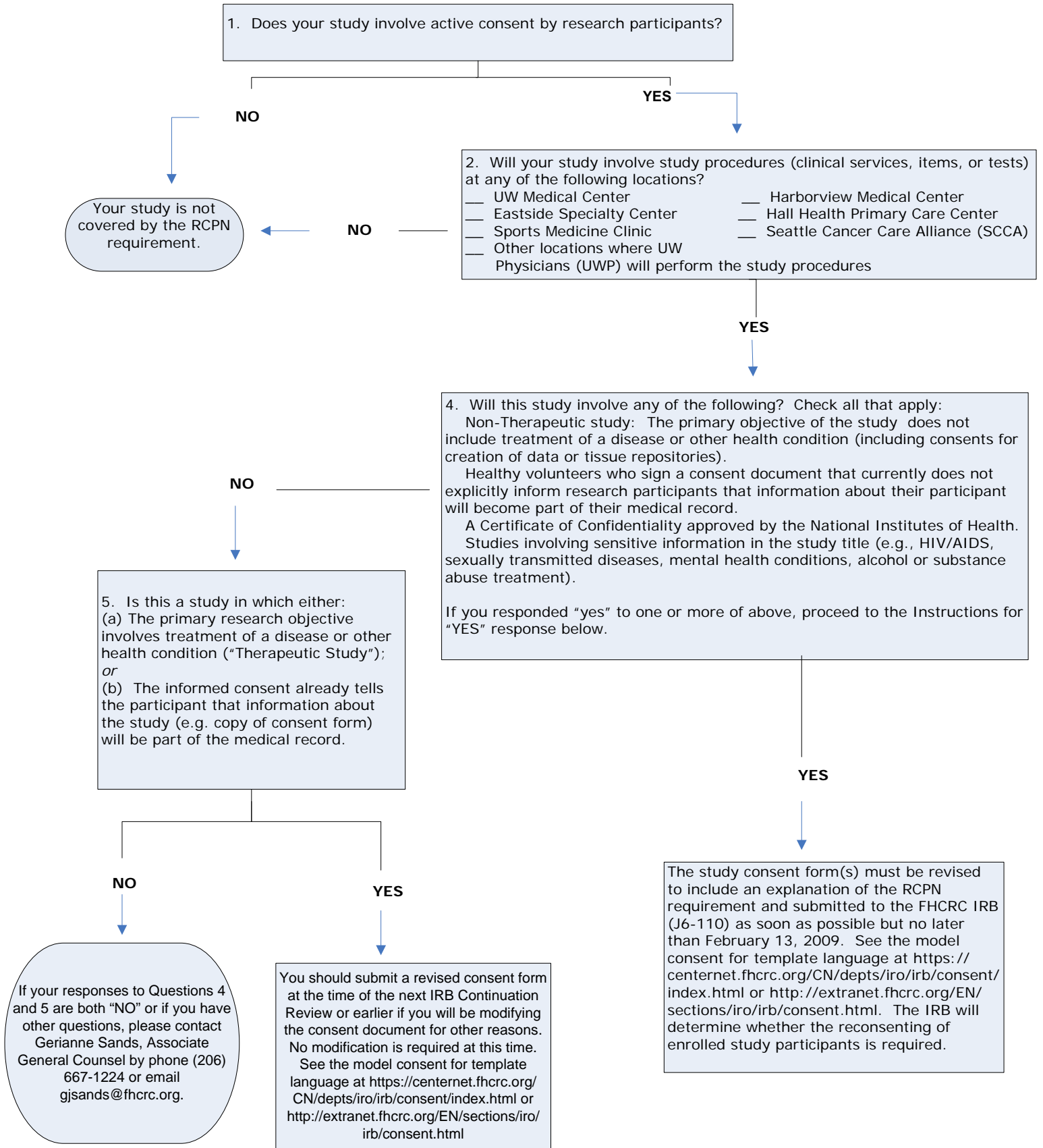


How can I tell if my research activity may be affected by the Research Care Plan Note (RCPN) Requirement?

Please complete the flowchart to help you determine the steps you may need to take.



PI Name: _____ IRB IR File #: _____ Protocol #: _____
 Title of Study: _____