**​​Research Plan​**

**​​IMPORTANT:** When completing this form, please use the[**Research Plan Guidance**](http://rcs.uoregon.edu/sites/default/files/Guidance%20-%20Research%20Plan.pdf) to identify the content necessary for each section. Using the guidance will help facilitate timely IRB review.​ Please keep all sections below (do not delete any) and complete all sections as applicable. If a section is not applicable (e.g., Clinical Research and/or Clinical trials), you can note that in the section.

**Study Title:**

**Protocol Number:**

**Principal Investigator:**

1. **Introduction and Background**
2. **Specific Aims/Study Objectives**
3. **Methods, Materials and Analysis**
4. **Research Population, Recruitment Methods and Payments/Compensation**

Participant/Subject Population:

Recruitment Methods:

Compensation/Payments:

1. **Informed Consent**

Informed Consent Process:

Facilitate Understanding:

Documentation:

Additional Considerations:

1. **Participant/Subject Privacy, Confidentiality and Data Disposition**

Participant/Subject Privacy:

Confidentiality:

Data Disposition:

1. **Potential Research Risks or Discomforts to Participants**
2. **Potential Benefits of the Research**
3. **Clinical Research and/or Clinical Trials**
4. **Investigator Qualifications, Roles and Training**

Investigator Qualification:

Roles and Research Duties:

Training and Oversight:

Translator (if applicable):