CENTER FOR RESEARCH AND EVALUATION
Kaiser Permanente (Georgia)

**Manuscript Review and Pre-Publication Communication Checklist**

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| **Purpose** | * For the Regional Research Director: To review submissions of research manuscripts to journals (not a scientific review)
* For the author(s): To describe pre-publication communications within KP
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| **Applies to** | * All manuscripts, editorials, and commentaries with KP staff as authors or co-authors
* TSMPG authors may have additional requirements prior to submission (check with appropriate leader)
 |
| **How to use** | * Email this completed checklist, with a copy of the manuscript to:
	+ Drew Bradlyn, PhD (andrew.s.bradlyn@kp.org)
	+ Cc: Dionne Simms (dionne.v.simms@kp.org)
 |
| **When to use** | * Send for review at least 7 working days prior to submission
* After this time period, the responsible author is free to submit
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| --- | --- |
| **Date** |  |
| **Author submitting this request** |  |
| **Author(s)** |  |
| **Title** |  |
| **Journal** |  |

1. Are the findings in this manuscript based on KPGA patients, clinicians, or data?

|  |  |
| --- | --- |
|  | No |
|  | Yes, a portion of the findings |
|  | Yes, all findings |

2. Are these findings potentially of interest to the general population and candidates for media attention?

|  |  |
| --- | --- |
|  | No |
|  | Yes |

1. Are the findings in this manuscript of a potentially proprietary nature?

|  |  |
| --- | --- |
|  | No |
|  | Yes (please describe): |

1. Do the findings, conclusions or recommendations raise reputational risk issues to KP?

|  |  |
| --- | --- |
|  | No |
|  | Yes (please describe): |

Approval Signature (Regional Research Director):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

Secondary Reviewer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

Original approval form with manuscript to CRE file
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