**HEI Quality Assurance Plan Form**

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| --- | --- |
| **Principal Investigator:** |  |
| **Institution:**  |  |
| **Title of Study:** |  |
| **Version and date:** |  |
| **Signature PI:** |  |
| **Signature QA/QC Manager:** |  |

*(No page limit: please insert your text in the spaces provided below. Please refer to* [*www.healtheffects.org/research/quality-assurance*](http://www.healtheffects.org/research/quality-assurance) *for detailed instructions)*

**I. Brief Description of Study Aims and Design and Data Flow**

**II. List of Standard Operating Procedures (SOPs) and Data Protocols**

**III. Quality Control Procedures for Data Collection**

**IV. Data Processing Procedures, Data Linkages, and Data Analyses**

**V. Data and Records Management**

**VI. List of Qualified Personnel**

**VII. Attachments**