**RESEARCH PROPOSAL EVALUATION FORM (REFORM)**

**TO THE PRINCIPAL INVESTIGATOR:** *PLEASE PROVIDE THE NECESSARY INFORMATION REGARDING THE PROTOCOL.* *PRINT NAME, DATE AND SIGN THIS FORM BEFORE SUBMISSION.*

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| **Protocol Title** | Click here to enter text. |

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| **Date of Submission (MMM/DD/YYYY)** | | Click here to enter text. | **IRB Protocol Number** | | | |  |
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| **Sponsor** | | Click here to enter text. | **Sponsor’s Protocol Number** | | | | Click here to enter text. |
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| **Principal Investigator** | | Click here to enter text. | **Co-investigator(s)**  **(if any)** | | | | Click here to enter text. |
|  | | | | | | | |
| **Principal Investigator’s Signature** | |  | **Principal Investigator’s Contact Number** | | | | Click here to enter text. |
| **TO THE TECHNICAL REVIEWER:**  *PUT A (√) CHECK MARK ON THE SPACE PROVIDED. PRINT NAME, DATE AND SIGN THIS FORM BEFORE SUBMISSION.* | | | | | | | |
| **ASSESSMENT POINT** | | |  | | | |
| **YES** | **NO** | **ADDITIONAL COMMENTS** | |
| 1. Title   ***(Appropriateness, Accuracy, Clarity, etc.)*** | | |  |  |  | |
| 1. Research Questions   ***(Significance or Relevance of the study)***  ***-Does the study address an important health problem?***  ***-Does the study advance scientific knowledge or clinical practice?***  ***-Does the study question embody the PICO/PECO requirements – Population, Intervention/Exposure, Comparison, Outcome?*** | | |  |  |  | |
| 1. Objectives/ Hypothesis   ***(Formulation)***  ***-Are the objectives well-stated?***  ***-Are the objectives specific, measurable, attainable or feasible, relevant, time-bound?*** | | |  |  |  | |
| 1. Review of Literature   ***(Appropriateness, Recentness of cited literature, Tracking Method, Comprehensiveness of Necessary References for Review, Critical Appraisal, etc.)*** | | |  |  |  | |
| 1. Research Design   ***(Appropriateness, Feasibility, Scope)***  ***-Does the study design support the study proposal?*** | | |  |  |  | |
| 1. Methodology   ***(Subjects/ Patient populations, Operational definition of variables, Data collection, Limitations of the study)*** | | |  |  |  | |
| 1. Data Management and Statistical Issues   ***(Sample size calculation, Plans for statistical analysis, Proposed Statistical Analyses/Techniques, etc.)*** | | |  |  |  | |
| 1. Overall Organization of Proposal   ***(Clarity of protocol process flow , Delineation of methodologies)***  ***Will protocol allow valid conclusions to be drawn from the study?***  ***Will methodology ensure that conclusions will address the background problem or answer the study question?*** | | |  |  |  | |
| 1. Budget   ***(Source of funding, Estimates of Expenses, Sponsorship, etc.)*** | | |  |  |  | |
| 1. Ethical Considerations   ***(Informed Consent, Patient Protection, Privacy Confidentiality, Indemnification, etc.)*** | | |  |  |  | |
| 1. Other Matters | | |  |  |  | |

**I have reviewed the above evaluation points. I hereby attest to the technical and scientific soundness of this research protocol.**

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**Signature above Printed Name Date (MMM/DD/YYYY)**

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**Designation**