**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** |  |
|  |
| **Sponsor** | Click here to enter text. | **Sponsor’s Protocol Number** | Click here to enter text. |
|  |
| **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)**

Click here to enter text.

**Designation**