

Bloorview Research Institute

Scientific Review Form

*PLEASE NOTE – Reviewers must identify all substantive issues and/or recommendations on this form, regardless if they have been provided verbally to the investigator. Any substantive issues and/or recommendations must be stated in section D2, and the Principal Investigator must provide a written response. Other comments noted in section B and C are suggestions only. It is at the discretion of the Principal Investigator whether to implement these suggestions and provide a written response.

PART A: GENERAL

Principal Investigator:

Co-investigator:

Co-investigator:

Co-investigator:

Co-investigator:

Co-investigator:

Project Title

Funding Agency:

Deadline:

Brief Description of Project (to be completed by reviewer)

PART B: REVIEW

1. **Are the objectives clearly described?**
2. **Is the literature review appropriate?**
3. **Is the rationale for the study coherent and compelling?**
4. **Is the research innovative?**
5. **Are the methods (design, measurement, analysis) appropriate to achieve the objectives?**

6. **Are the inclusion/exclusion criteria clear?**
7. **Is it a pilot study?**
8. **Are the statistical methods appropriate?**
9. **If comparative, does the study have adequate power?**
10. **Is this study feasible? If not, why?**

11. **Does the research team have the necessary clinical and research expertise to complete the study?**
12. **Is the study likely to yield publishable results?**
13. **Is there a dissemination plan?**
14. **Are there any ethical issues?**

PART C: BUDGET:

1. **Budget Amount:**
2. **Is it justified in the application?**
3. **Are the sums requested adequate?**
4. **Is there a project contract or agreement?**

PART D: COMMENTS BY THE REVIEW REVIEWER(S)

1. **What is your overall assessment of the application?**

2. **Please identify substantive issues and specific recommendations.**

PART E: REVIEWER INFORMATION

	Name	Rank/Position	Scientific Expertise	Affiliation	Signature
Primary Reviewer					
Secondary Reviewer					

PART F: RANKING

Please rank the proposal as is and rank the proposal if the proposed recommendations are made. Please use the two digit CIHR rating system: 4.5 - 4.9 outstanding, 4.0 - 4.4 excellent, 3.5 - 3.9 very good, 3.0 - 3.4 acceptable, but low priority, 2.5 - 2.9 needs revision, 2.0 - 2.4 needs major revision, 1.0 - 1.9 seriously flawed, 0 not acceptable.

Rank -"As is":

Rank- "If revisions made":

Date of Review:

PART G: ITEMIZED RESPONSE

An itemized written response to all the issues raised in section D2, noting where revisions were made in the revised protocol, must be provided to the Primary Reviewer for final approval and sign-off.

Final Approval of Primary Reviewer:

Name:

Signature: _____

Date: