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| **1. Full Project Title: (The project protocol should be attached to this form)** | | |
|  | | |
| **2. Short Title:** | | |
|  | | |
| **3. Investigators** | **Name** | **Department** |
| (a) Chief Investigator (For Oxford University Hospitals NHS Foundation Trust / University sponsored studies) |  |  |
| (b) Principal Investigator (For External Sponsors) |  |  |
| **4. Application Details** | | |
| Funding Body |  | |
| Sponsor (if External) |  | |

**University of Oxford CTRG/ Oxford University Hospitals NHS Foundation Trust R&D**

**Independent Peer Review Form**

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| **5. INDEPENDENT PEER REVIEW: Please comment on the following areas:** | |
| **Area Reviewed** | **Comments** |
| 1. The originality of the research |  |
| 1. The study design |  |
| 1. The research methods - appropriateness and achievability of the chosen methods and outcome measures in meeting the objectives of the study |  |
| 1. Sampling – the appropriateness of the sampling methods and the inclusion/exclusion criteria |  |
| 1. Screening tools and questionnaires (where applicable) are these appropriate and have questionnaires been appropriately validated? |  |
| 1. Appropriateness of data analysis methods and planned statistical tests |  |
| 1. Risks and benefits to participants |  |
| 1. Importance to patients/service users |  |
| 1. Value for money |  |
| 1. Reputational risk to the University / Oxford University Hospitals NHS Foundation Trust |  |

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| --- | --- |
| **Reviewer details:** | |
| Name |  |
| Signature |  |
| Date |  |
| Position |  |