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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
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| 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
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| 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?
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| 1. Appropriateness of data analysis methods and planned statistical tests
 |  |
| 1. Risks and benefits to participants
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| 1. Importance to patients/service users
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| 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 |  |