**JRMO SOP 14**

**Associated Document 3**

**Scientific Peer Review template**

***Section A: STUDY IDENTIFIERS AND BASIC INFORMATION***

*It may be useful for the researcher to complete these details in advance.*

|  |  |
| --- | --- |
| Study Title |  |
| IRAS Number |  |
| Chief Investigator |  |
| Chief Investigator’s Department  (Queen Mary Institute or Barts Health department/ Clinical Board) |  |
| Sponsor Organisation |  |

***Section B: SCIENTIFIC PEER REVIEW***

|  |  |  |
| --- | --- | --- |
| *Scientific Peer Reviewer’s Details:* | | |
| Name |  | |
| Job Title |  | |
| Department and Organisation |  | |
| *Potential conflicts of interests:* | | |
| Do you stand to gain from this study, financially or otherwise? |  | |
| Do you have any patents (planned, pending or issued) relevant to this study? |  | |
| Are there other relationships or activities that could be perceived as, or give the appearance of, potentially influencing this review? |  | |
| *Summary of the scientific peer review:* | | |
| 1. Does the research have a stated hypothesis or research question? | | Y/N |
| Comments | | |
| 1. What score would you give the study for originality?   *(where 5 is original and 1 is unoriginal)* | |  |
| Comments | | |
| 1. Are the stated aims and objectives clear? Are they likely to be met? | | Y/N |
| Comments | | |
| 1. Is there a clear methodology? | | Y/N |
| Comments | | |
| 1. Has a robust literature review and rationale been provided? | | Y/N |
| Comments | | |
| 1. Is there justification for sample size?   *{Guidance note: there should be justification for sample size in both qualitative and quantitative research, and in the case of quantitative research this should be backed up with a statistical calculation with stated power and p value, and/or named expert statistical advice.}* | | Y/N/Not applicable |
| Comments | | |
| 1. Is data analysis and management described? | | Y/N |
| Comments | | |
| 1. What are the arrangements for project management, including the forming of a project steering group? | | Y/N/Not applicable |
| Comments | | |
| 1. Is the study sample representative of the target population? | | Y/N |
| Comments | | |
| 1. Are the outcomes of the study stated and appropriate? | | Y/N |
| Comments | | |
| 1. Is the timescale realistic? | | Y/N |
| Comments | | |
| 1. Is there evidence a risk-benefit analysis has been conducted? Have the risks (to participants, researchers, organisation) been justified and/or mitigated? | | Y/N |
| Comments | | |
| 1. If there is a need for formal safety reporting, has this been documented? | | Y/N |
| Comments | | |
| 1. Summary of scientific peer review and any additional comments | | |
|  | | |

***Section C: SIGNATURE***

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| **Does the reviewer approve this study? (delete as applicable)**  **YES**  **REQUIRES MODIFICATION**  **NO**  **I can confirm that I have reviewed this study against the criteria listed above and have provided feedback and comments to the Chief Investigator / Review Committee (as appropriate).** |
| Name |
| Signature |
| Date |