**Proposal Evaluation Form**

|  |  |  |
| --- | --- | --- |
| **ERC No:** | **PI name:** | **Date received:**  |
|  | **Yes** | **No** | **NA** |  **Comment** |
| **Background and social value (Refer background and justification sections of the protocol)** |
| 1 | Background and justification – sufficient? |  |  |  |  |
| 2 | Literature review – adequate? |  |  |  |  |
| 3 | Need for human participation justified? |  |  |  |  |
| 4 | Has the protocol been approved by a competent body? |  |  |  |  |
| 5 | Should the study be referred to a technical or statistical expert?  |  |  |  |  |
| **Scientific value (Refer methodology section of the protocol)** |
| 6 | Objectives – clear? |  |  |  |  |
| 7 | Methodology – clear? |  |  |  |  |
| 8 | Study design – appropriate? |  |  |  |  |
| 9 | Sample size – adequate? |  |  |  |  |
| 10 | Statistics used – appropriate? |  |  |  |  |
| **Subject selection (Refer methodology section of the protocol)** |
| 11 | Inclusion criteria – appropriate? |  |  |  |  |
| 12 | Exclusion criteria – appropriate? |  |  |  |  |
| 13 | Voluntary, non-coercive recruitment of participants |  |  |  |  |
| 14 | Inducement for participation  |  |  |  |  |
| 15 | Vulnerable populations involved?If yes, is it justifiable?  |  |  |  |  |
| **Assessment of risk/benefits**  |
| 16 | Researcher qualifications, competence and experience suitable for safe conduct of research? |  |  |  |  |
| 17 | Risks: benefits assessment acceptable?  |  |  |  |  |
| 18 | Medical and psychological support for participants – adequate? |  |  |  |  |
| 19 | Provision for treatment in study related injuries? |  |  |  |  |
| 20 | Provision for compensation (where applicable)? |  |  |  |  |
| **Informed consent**  |
| 21 | Procedures for obtaining informed (written/verbal) consent – appropriate?  |  |  |  |  |
| 22 | Information sheet and consent form contain clear and adequate details? |  |  |  |  |
| 23 | Translations of all sheets/forms consistent? |  |  |  |  |
| 24 | Contact details of PI available for participants on the information sheet?  |  |  |  |  |
| 25 | Arrangements for proxy consent –appropriate? (where applicable) |  |  |  |  |
| 26 | Incentives offered – approved? |  |  |  |  |
| **Respect for participants and confidentiality**  |
| 27 | Privacy and confidentiality of the participants – safeguarded? |  |  |  |  |
| 28 | Participants’ right to dissent, unconditional withdrawal safeguarded?  |  |  |  |  |
| 29 | Data/ sample storage and disposal procedures appropriate? |  |  |  |  |
| **Independent review**  |
| 30 | Disclosure or declaration of potential conflicts of interest |  |  |  |  |
| **Is all the documentation provided?** |  |  |  |  |
| **Recommendation**  | Approve /Approve with corrections / Re-submit/ Reject  |

**Additional comments:**

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**Name of the reviewer:**

**Signature :**

**Date :**