

Scientific Merit Peer Review Form

Scientific Merit of Animal Based Research

# *Please complete all sections below and email the completed form to* [buacc@brandonu.ca](mailto:buacc@brandonu.ca)*. All boxes in the form below (MS-Word file) will expand as necessary. Questions about the form should be directed to Shannon Downey, Administrative Officer to the Vice-President (Academic & Provost) and Research Ethics Officer, at (204) 727-9712 or* [*downeys@brandonu.ca*](mailto:downeys@brandonu.ca)*.*

# This form is in accordance with the *CCAC Policy Statement on: Scientific Merit and Ethical Review on Animal-based Research (2013)* and based on the *CCAC Scientific Merit Peer Review Sample Form.*

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| PROJECT TITLE: |  |
| FILE NUMBER: |  |

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| RESEARCH OBJECTIVES: | | |
| Are the objectives clearly described? | Yes No | Comments: |
| Are the objectives realistically achievable, given the methodology and experimental design? | Yes No | Comments: |
| Does the knowledge expected to be gained from this study have scientific importance? | Yes No | Comments: |
| General comments on the study objectives. | | |
| RESEARCH PROJECT QUALITY | | |
| Does the proposed activities show evidence of good understanding of current scientific literature and knowledge of the issue? | Yes No | Comments: |
| Is the research hypothesis/hypothesis clearly formulated? | Yes No | Comments: |
| Is the experimental design appropriate to test the research hypothesis/hypothesis? | Yes No | Comments: |
| Are sufficient details provided in the methodology to evaluate the likelihood of successful reproducibility? | Yes No | Comments: |
| Overall impression – please summarize your impression of the quality of the research proposal and make any recommendations that you believe would be appropriate. | | |
| FINAL DECISION ON SCIENTIFIC MERIT | | |
| With regard to the scientific merit of the described research, how would you rate the proposed study? | Excellent, approve “as is” Good, minor revisions suggested as per the recommendation(s) above Fair, major revisions required as per the recommendation(s) above Poor, should not be pursued | |
| CONFLICT OF INTEREST | | |
| A conflict of interest is a conflict between a person’s duties and responsibilities with regard to the review process, and that person’s private, professional, business or public interests.There may be a real, perceived or potential conflict of interest when the external reviewer:would receive professional or personal benefit resulting from the funding opportunity or application being reviewed;has a professional or personal relationship with the applicant or co-applicant; orhas a direct or indirect financial interest in a funding opportunity or application being reviewed.A conflict of interest may be deemed to exist or perceived as such when the reviewer:is a relative or close friend, or has a personal relationship with the applicant(s);is from the same immediate department, institution, organization or company as the applicant, and interacts with the applicant in the course of their duties at the institution;has collaborated, published or been a co-applicant with the applicant, within the last five years;has been a student or supervisor of the applicant within the last ten years;has had long-standing scientific or personal differences with the applicant;is in a position to gain or lose financially from the outcome of the application; orfor any other reason feels that s/he cannot provide an objective review of the application. | | |
| If you believe you might be in a conflict of interest, please explain briefly: | | |
| I certify that I have no real, perceived, or potential conflict of interest in relation to this research proposal. | | |

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| Reviewer Name: |  |
| Reviewer Signature: *If available electronically. Sending completed form via email is sufficient in lieu of a signature.* |  |
| Date or Review: |  |