

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*. 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**.*

# 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; or has 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: |       |