

MEDICAL RESEARCH COUNCIL OF ZIMBABWE
REVIEWER'S EVALUATION FORM

Title of study :

.....

Reviewed by : **Date:**.....

(Check each of the categories and provide additional information where necessary.)

	YES	NO	COMMENT
Is there a scientific basis for initiating this study			
Research falls in area of national priority.			
Research is relevant to the health needs of the community under study.			
Research includes special or vulnerable subjects in the study population (eg minors, prisoners, mentally handicapped, fetuses etc)			
If yes, is it possible to exclude them and still answer the same study questions?			
If yes, does the proposal include adequate measures to ensure that the populations are well protected.			
The study presents : <ul style="list-style-type: none"> ▪ no risk..... ▪ minimal risk..... ▪ more than min. risk.... ▪ high risk..... 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Briefly Comment :

	N/A	Satisfactory	Requires clarification	Incomplete/missing	Unsatisfactory	COMMENT
Objectives clear & achievable						
Literature reviewed						
Appropriateness of study design						
Methods/Procedures						
Materials appropriateness						
Statistical considerations						
Study Population appropriateness						
Selection & recruitment procedures (fairness)						
Incentives to participate (appropriate & non coercive)						
Consent form/statement						
Process for assuring that consent/assent is voluntary.						
Privacy and confidentiality						
Research instrument(s)						
Risks/benefits						

FOR ADDITIONAL CONCERNS/REQUIREMENTS ; Use space on the other side and additional pages as necessary.

ADDITIONAL CONCERNS/REQUIREMENTS

.....
.....
.....
.....
.....
.....
.....
.....

RECOMMENDATIONS

Check one only

- 1 Approve research proposal **as submitted**.....
- 2 Approve research proposal **with minor modifications** (please specify in the space below).
- 3 Approve research proposal as submitted with the stipulation that **the final research instruments** be submitted for further review and approval prior to initiating direct contact with human subject
- 4 Approve research proposal **subject to the following revisions** (*Please specify below*).
- 5 After amendments, return proposal to primary reviewer for further review.....
- 6 **Reject** the research proposal. (*Please explain in the space provided below*).....

COMMENTS :.....

.....
.....
.....

.....
Signature of reviewer

.....
Date

Note to reviewers: Please use additional paper if your comments cannot fit in the spaces provided.