# University Hospital Southampton NHS Foundation Trust

# Scientific Peer Review Form

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| **PROJECT TITLE** |  |
| **CHIEF INVESTIGATOR** |  |
| **STUDENT (if applicable)** |  |

All studies which are requesting sponsorship from University Hospital Southampton NHS Foundation Trust will require **two** supporting peer reviews to assist in the verification of the scientific quality and robustness of the study.

***Please note no internal peer review is required for projects where an external body is undertaking a review as part of a funding application but should include confirmation of the funding award with the Sponsorship request.***

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| **SCIENTIFIC QUALITY PEER REVIEW** | **ASSESSMENT CRITERIA** | | | |
| **YES** | **NO** | **UNCLEAR** | ***N/A*** |
| **1. Study Design** |  |  |  |  |
| Does the research have a clear protocol? |  |  |  |  |
| Is the research question or hypothesis clearly stated? |  |  |  |  |
| Are the project objectives described? |  |  |  |  |
| Are the objectives realistic? |  |  |  |  |
| Has other relevant research been reviewed? |  |  |  |  |
| Is the methodology appropriate to the research question? |  |  |  |  |
| Have the methods of measurement been described? |  |  |  |  |
| Has the reliability and validity of measurement been reviewed? |  |  |  |  |
| If available, are validated scales of measurement being used? |  |  |  |  |
| If No or Unclear has been marked for any of the above then please elaborate: | | | | |
| **2. Study sample and data analysis** |  |  |  |  |
| Is the proposed population group appropriately representative? |  |  |  |  |
| Is the sample size justified and realistic? |  |  |  |  |
| Are the methods of data analysis (statistical or otherwise) described and appropriate? |  |  |  |  |
| If No or Unclear has been marked for any of the above then please elaborate: | | | | |
| **3. Impact and importance** |  |  |  |  |
| Are the expected values and benefits of the research clear? |  |  |  |  |
| Will the research add to current knowledge or have training value? |  |  |  |  |
| Is the research generalisable i.e. have potential application beyond the Trust? |  |  |  |  |
| Will the findings lead to significant health gains and/or benefit the Trust/ NHS/ population? |  |  |  |  |
| If No or Unclear has been marked for any of the above then please elaborate: | | | | |
| **4. Dissemination** |  |  |  |  |
| Do the researchers intend to disseminate research findings in an appropriate journal ? |  |  |  |  |
| Will the results of the research be made available to research participants? |  |  |  |  |
| If No or Unclear has been marked for any of the above then please elaborate: | | | | |
| **5. Feasibility** |  |  |  |  |
| Is the research feasible within the local context? |  |  |  |  |
| Is the project feasible within the timeframe and resources proposed? |  |  |  |  |
| Is the proposed research likely to put the Trust, Trust staff, participants in the research or the applicants at risk, which are such that these should specifically be taken into account when deciding whether or not to support the research? |  |  |  |  |
| Where relevant, has a multidisciplinary and multi-professional approach to addressing the research question been adopted? |  |  |  |  |
| If No or Unclear has been marked for any of the above then please elaborate: | | | | |
| **6. Consumer Involvement** |  |  |  |  |
| Where relevant, have patients or their representatives been involved in this project? |  |  |  |  |
| If No or Unclear has been marked for any of the above then please elaborate: | | | | |

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| **OVERALL RATING**  (Scale of 1-5 were 1 indicates poor, 3 acceptable and 5 excellent) |  |

**Overall Comments**

Please provide comments you may wish to make on the proposal, particularly any suggestions as to how the project could be amended. Your comments will be used to provide feedback to the Principal Investigator.

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| **REVIEWER RECOMMENDATION** | Approve:  Approve with amendments described above:  Resubmit after amendments described above:    Reject: |
| **Signature:**  **(please provide a physical signature and not a copy of a scanned example)** |  |
| **Printed Name:** |  |
| **Job Title & Organisation:** |  |
| **Date:** |  |