



Scientific Merit Assessment Committee

- Reviewer's Form -

APPLICATION INFORMATION

Project Title:

Researcher(s):

RESEARCH OBJECTIVES

a. Are the objectives **clearly described**? ☐ YES ☐ NO Comments:

b. Are the objectives realistically **achievable**, given the methodology and experimental design? ☐ YES ☐ NO Comments:

c. 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		
a.	Do the proposed activities show evidence of good understanding of current scientific literature and knowledge of the issue?	<input type="checkbox"/> YES <input type="checkbox"/> NO Comments:
b.	Is the research hypothesis clearly formulated?	<input type="checkbox"/> YES <input type="checkbox"/> NO Comments:
c.	Is the experimental design appropriate to test research hypothesis?	<input type="checkbox"/> YES <input type="checkbox"/> NO Comments:
d.	Are sufficient details provided in the methodology to evaluate the likelihood of successful reproducibility ?	<input type="checkbox"/> YES <input type="checkbox"/> NO Comments:
e.	Is the proposed statistical data analysis appropriate for the experimental design described?	<input type="checkbox"/> YES <input type="checkbox"/> NO Comments:
Overall impression (summarize your impression of the quality of 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:	<input type="checkbox"/> EXCELLENT ; approve “as is” <input type="checkbox"/> GOOD ; minor revisions suggested as per the recommendations above <input type="checkbox"/> FAIR ; major revisions required as per the recommendations above <input type="checkbox"/> 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; or
- for 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.

Reviewer Name: _____

Signature: _____

Date of Review: _____

Please forward this completed assessment form to:

Dr. Adriana Navarro Borrell
Chair, Scientific Merit Assessment Committee
adriana.navarro_borrell@lethbridgecollege.ca

