

Clinical Trial Peer Review Evaluation Form

Reviewer Information

Name

Email

Date

Trial Information

Title of Clinical Trial

Trial ID/Registration Number

Evaluation Criteria

Scientific Merit

- ☐ Excellent
☐ Good
☐ Fair
☐ Poor

Study Design

- ☐ Excellent
☐ Good
☐ Fair
☐ Poor

Ethical Considerations

- ☐ Excellent
☐ Good
☐ Fair
☐ Poor

Statistical Analysis

- ☐ Excellent
☐ Good
☐ Fair
☐ Poor

Feasibility

- ☐ Excellent

- ☐ Good
- ☐ Fair
- ☐ Poor

Comments

Strengths

Weaknesses

Recommendations

Overall Recommendation