Pharmaceutical Clinical Protocol Peer Review Evaluation Form

Protocol Information

Protocol Title			
Protocol Number			
Principal Investigator			
Review Date			
Reviewer Information	1		
Reviewer Name			
Reviewer Affiliation			
Towns 7 mindson			
Evaluation Criteria			
Criteria	Rating (1-5)	Comments	
Scientific Rationale			
Study Design & Methodology			
Statistical Analysis Plan			
Safety Considerations			
Ethical/Regulatory Compliance			

Feasibility			
General Comme	ents		
Final Recomme	ndation		_
Reviewer Signature			