

Peer Review Form for Clinical Trial Protocols

Reviewer Information

Name

Affiliation

Review Date

Protocol Information

Protocol Title

Protocol ID/Number

Principal Investigator

Scientific Validity

Are the study objectives and endpoints clearly defined?

Comments

Study Design

Is the study design appropriate?

Comments

Ethical Considerations

Are ethical concerns addressed (informed consent, risks, benefits)?

Comments

Statistical Methods

Are the statistical methods and sample size appropriate?

Comments

Feasibility

Is the study feasible in terms of time, resources, and setting?

Comments

Overall Comments and Recommendations

General comments and suggestions for improvement

Recommendation