VA Pittsburgh Healthcare System

Research Scientific Evaluation Committee

Initial Review Checklist (Science only Protocols)

Investigator Name:       MIRB#

Proposal Title:

Please mark **Yes, No, or N/A** for each of the following questions. Add comments after each section as necessary.

1. **Science Evaluation:**
2. Are there stated aims or study objectives?.......................................................... [ ] YES [ ]  NO [ ]  N/A
3. Does the background section justify the conduct of the study?......................... [ ] YES [ ]  NO [ ]  N/A
4. Are the methods appropriate to address the aims?............................................. [ ] YES [ ]  NO [ ]  N/A
5. Is the analysis section appropriate?.................................................................... [ ] YES [ ]  NO [ ]  N/A

 Comments:

1. **Budget:**

 a. Is the budget acceptable as submitted? [ ] YES [ ]  NO [ ]  N/A

 b. Does the budget provide for reimbursement of all VAPHS costs? [ ] YES [ ]  NO [ ]  N/A

 c. Are all necessary letters of support provided? ………………………………….. [ ] YES [ ]  NO [ ]  N/A

 Comments:

1. **Personnel/Space**

 a. Are personnel available, adequate in number, experience and expertise? [ ] YES [ ]  NO [ ]  N/A b. Is the allocation of PI’s VA time appropriate for this research? [ ] YES [ ]  NO [ ]  N/A c. Is there adequate space for research? [ ] YES [ ]  NO [ ]  N/A

Comments:

**4. Are there any perceived or real conflicts of interest?** ……………………………. [ ] YES [ ] NO [ ]  N/A

Comments:

**5. Are there any ethical concerns that are not sufficiently addressed?** [ ] YES [ ] NO [ ]  N/A

Comments:

**6. Are there any laboratory safety concerns that are not adequately addressed?**  [ ] YES [ ] NO [ ]  N/A

 Comments:

**Recommendation:**

 [ ]  Approve [ ]  Contingently Approve [ ]  Disapprove [ ]  Defer to Full Committee

 **[ ]**  Refer to other committee (name):

Additional reviewer comments / list of contingencies:

Reviewer name:       Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_