Commit

**University Research Ethics Board (UREB)**



**REB.FORM.009 | Scholarly Review**

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| Section A – Reviewer Information | |
| Reviewer | Click or tap here to enter text. |
| Institution (if different from MSVU) | Click or tap here to enter text. |
| Department/Faculty | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |

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| Section B – Ethics File Information | |
| Title of Research Study Under Review | Click or tap here to enter text. |
| Principal Investigator or Nominated Principal Investigator (see REB.INFO.001 for definitions) | Click or tap here to enter text. |
| Department/Faculty | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |

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| Section C – Relevant Expertise | |
| Please provide a brief overview of your relevant area of expertise or background in relation to this project (MAX ½ PAGE) | Click or tap here to enter text. |

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| Section D - Reviewer Evaluation of Study(Please comment on the following) | |
| 1. Rationale for the study. | Click or tap here to enter text. |
| 1. Appropriateness of the methods chosen to address the research question. | Click or tap here to enter text. |
| 1. Soundness of research design. | Click or tap here to enter text. |
| 1. Ability of the researcher(s) to carry out the proposed research project.(e.g., time, human resources, physical resources, financial resources). | Click or tap here to enter text. |
| 1. Significance and potential contribution of the research | Click or tap here to enter text. |
| 1. Anything you wish to raise with respect to the proposed research not addressed above. | Click or tap here to enter text. |

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| Section E – Signature and Agreement | | |
| Having read either the detailed description of methods or the ethics application for the study under review, I believe that this study’s methods fall within the standards of the field and are appropriate for the proposed study. I also declare that I have no conflict of interest in this proposed research.  Yes  No | | |
| Signature of Reviewer | Name of Reviewer  Click or tap here to enter text. | Date: Click or tap to enter a date. |

Thank you for your assistance. If the University Research Ethics Board has any questions or concerns regarding your evaluation of this file, we will contact you.

**Submission Process:**

**Hard copies will no longer be required, please submit the application package electronically to** [**ethics@msvu.ca**](mailto:ethics@msvu.ca)