



Evaluation Form for scientific review of RPP

Project title:

Name researcher:

Name assessor:

	Criterion	Very low	Low	Average	High	Very high
1.	Potential (clinical) impact of the RPP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Relevance and robustness of the scientific questions and objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Novelty and Innovation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Quality of the statistical design and overall strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Appropriate use of Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Coverage of the expertise needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Feasibility within the proposed timeline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Level of recommendation for accepting the RPP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please report any comments concerning the proposal under the appropriate heading below:

1. Potential (clinical) impact of the proposed project

2. Relevance and robustness of the scientific questions and objectives

3. Novelty, Innovation

4. Quality of the statistical design and overall strategy

5. Appropriate use of Data

Yes / No

6. Coverage of the expertise needed

7. Feasibility within the proposed timeline

8. Level of recommendation for accepting the RPP

General comments on the proposal