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**SCHOLARLY REVIEW FORM**

Office of Research – Research Ethics Unit – GM 900 – 514-848-2424 ext. 7481 – oor.ethics@concordia.ca – www.concordia.ca/offices/oor.html

**INSTRUCTIONS**

Research that exposes participants to greater than minimal risk must be reviewed for scholarly merit. Greater than minimal risk means that the probability and magnitude of the risks are greater than those to which participants would be exposed in those aspects of their daily lives that are pertinent to the research.

For faculty research, funding from a major granting agency such as CIHR, FQRSC, or CINQ is sufficient evidence of the study’s scholarly merit. Please have this form completed only if your study is greater than minimal risk, and it has not been funded by a major granting agency.

For research to be conducted at the PERFORM Centre, the Scientific Review Evaluator Worksheet should be submitted instead of this form.

For student research, a successful defense of a thesis or dissertation proposal is considered is sufficient evidence of the study’s scholarly merit. Please have this form completed only if your study is greater than minimal risk, and you have not successfully defended your thesis or dissertation proposal.

The form should be completed by two qualified reviewers. The reviewers should normally be faculty members in the researcher’s home department. However, reviews from individuals from another department or from outside of Concordia who have sufficient expertise in the methodology and subject matter can also be accepted.

**1. BASIC INFORMATION**

Study Title:

Principal Investigator:

**2. SCHOLARLY REVIEWER STATEMENT**

I hereby declare that:

* I have read the Summary Protocol Form for the study listed above.
* I have sufficient expertise in the methodology and subject matter of the study to assess the study competently.
* The study meets all applicable scholarly and scientific standards with respect to its scientific basis and rationale, the appropriateness of the study design, the competency of personnel and adequacy of proposed resources.
* I have no conflict of interest with respect to the study. I am not directly involved in the study, and am free of any biases that would prevent me from providing an independent scholarly opinion on the study.

**REVIEWER 1**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position (e.g. Associate Professor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REVIEWER 2**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position (e.g. Associate Professor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_