



Institutional Review Board (IRB) Grants Unit Evaluation Form (New)



Project Title: _____

Project Code Number: _____ Date of Presentation: _____

This part is completed by the Grants Office

Number of specialties	1	2	3	4	5
Number of researchers (< 3 = 1 point, 3 = 2 points / >3 = 3 points)	1	2	3		
Participation of postgraduate student/s					
• Assiut university.faculty of medicine	5				
• Assiut university any other faculty	3				
• Any other university	1				
Previous international publication (Impact factor >1) during the last 3 years by any of participating investigator	0	1	2	3	4
Previous fund from Assiut Grant's Unit (2017 or earlier) without international publication	- 5				
Participation of undergraduate student/s (Student must attend the live presentation and proves his awareness with the study)	+2				
Total (max. = 20)					

On a scale from 0 to 5 and based on your evaluation of the research proposal and the presentation just made by the researcher, please fill the following form:

EVALUATION	0	+1	+2	+3	+4	+5
Novelty (what is new in this project?)						
Study design (correct and fit to answer the research question)						
Methodology (detailed tools, sample size and outcomes)						
Feasibility of the study (can be done using local facilities)						
Budget justification (enough budget, supporting documents)						
Quality, clarity and presentation of the protocol						
Probability for international publication (Judged by the above factors and previous experience in publications)						
Compliance with faculty Research plan /Importance of research outcomes to our hospital, patients & environment						
Total (max. = 40)						

Grand Total (max. = 60) _____

Reviewer's Name: _____

I declare I have no conflict of interest with this proposal or any of the involved researchers

Signature: _____ Date: _____