

Review Sheet

Institutional Review Board (IRB) Bangladesh Medical University

[Use the review sheet to review the research protocol. Give your valuable comments]

Title of the project:
.....

Follow the following guidelines to prepare written comments on research protocol / projects.

01. Description (Comments on research question, hypothesis, objective, procedures and background; as appropriate to clear the protocol).

a) Background information (Does the protocol / project provide thorough understanding about the state of knowledge of the field of interest?)

Comments:

b) Research question & / or hypothesis: Are these correctly stated?

Comments:

c) Rationale: Is it clearly stated and supported by the background information?

Comments:

d) Study design: Is it correctly stated?

☐ Yes ☐ No

- | | |
|---|--|
| <input type="checkbox"/> Case Control Study | <input type="checkbox"/> Longitudinal study |
| <input type="checkbox"/> Randomized Controlled trial | <input type="checkbox"/> Observation Clinical Study |
| <input type="checkbox"/> Clinical Trial (Phase I, II, III, IV) | <input type="checkbox"/> Meta-Analysis and systemic Reviews |
| <input type="checkbox"/> Community Based Trial | <input type="checkbox"/> Secondary Data Analysis |
| <input type="checkbox"/> Cross Sectional | <input type="checkbox"/> Surveillance /Monitoring |
| <input type="checkbox"/> Cohort Study (Prospective and retrospective) | <input type="checkbox"/> Mixed methods research combining qualitative and quantitative |
| <input type="checkbox"/> Health Programme Evaluation/ Quality Improvement | <input type="checkbox"/> Outbreak investigation |
| <input type="checkbox"/> Systemic Review | <input type="checkbox"/> Risk factor analysis |
| <input type="checkbox"/> Pilot/Feasibility Study | <input type="checkbox"/> Retrospective Chart Reviews |
| <input type="checkbox"/> Registry-Based Studies | <input type="checkbox"/> Use of existing Databases |
| <input type="checkbox"/> Curriculum Evaluation Study | <input type="checkbox"/> Medical wearables and Sensors Study |
| <input type="checkbox"/> Teaching Methodologies Study | <input type="checkbox"/> Investigational Device Exemption (IDE) Study |
| <input type="checkbox"/> Interventional studies (non-clinical trials): behaviour, educational, psychological, lifestyle modifications | <input type="checkbox"/> Others..... |

e) Proposed Sample size and sampling: Is it justified and appropriate?

Total Sample Size:

f) Confounding variable(s): Has provision been made to control confounders?

Comments:

g) Outcome variable (data generated): Can it answer research question?

Comments:

02. Facilities required: Is it adequately presented? Are the requirements justified by research plan?

Comments:

03. Research subject

- ☐ Human
☐ Animal
☐ Microorganism
☐ Other (specify): _____

Special Group:

Pregnant Women	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Fetuses	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Prisoners	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Service Providers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Cognitively Impaired	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Immigrants	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Refugee	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Others (specify):	

04. Comments on consent form

Does the consent form clearly describe all the issues to the participant?

Process

- ☐ Written ☐ Video
☐ Oral ☐ Picture Permission
☐ Audio ☐ None

a) Will there be any legally authorized representative (LAR)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b) Will there be an impartial witness (If the participant is illiterate)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
c) In order to participate in research with children, is assent being taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
d) For research involving pregnant woman, consideration of risks with potential benefit for the fetus and pregnant women has been properly addressed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

**05. MOU / letter of consent from supportive department / Institute / Organization: As needed
Collaborating Institute/ Department**

Submitted:

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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06. Determination of Risk

a) Human exposure to radioactive agents/ infectious agents/foetal tissue/abortus	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b) Investigational new drug use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
c) New treatment regimen pathological/ diagnostic clinical specimen only	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
d) Pathological or diagnostic clinical specimen only?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Others	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

07. Does the research deal with sensitive aspect of study participants?

a) Sexual behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b) Alcohol abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
c) Drug abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Others	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

08. Biological Specimen:

a) Will the biological specimen be stored for future use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
d) Will the consent be obtained from the study participants for use of the preserved specimen for other initiative(s) unrelated to this study, without their re-consent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
e) Will the specimens be shipped to other country/countries?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
f) Does the study involve any biohazardous materials/ agents or microorganism?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
j) Has a MoU been signed with regards to collection, storage, use and ownership of specimen? If the response is 'yes', is a copy of the MoU attached? If the response is 'no', appropriate justification should be provided for not signing a MoU.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

19. Plagiarism:

a) Suspected plagiarism?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Prefer to check plagiarism?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10. Do you consider the research?

a) Minimal risk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
b) No more than minimal risk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
c) Greater than minimal risk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

11. Budget: Is it justified? Is it inflated?**Funding:**

Is the protocol fully funded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the answer is yes, provided sponsor(s)'s name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the proposal being submitted for funding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the answer is yes, provided sponsor(s)'s name	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Conflict of interest:

Does the researcher declare any conflict of interest?

☐ No☐ Yes**13. Anticipated Impact of Research**☐ Knowledge☐ Health Sector Benefit☐ Capacity building☐ Economic Benefit☐ Information Policy**14. Conclusion**☐ The project is acceptable☐ The project is not acceptable☐ The project is acceptable after proposed modification☐ The project is not ethically acceptable

Signature of the Reviewer

Seal, Name & Designation