

## NATIONAL CENTER FOR MENTAL HEALTH PROFESSIONAL EDUCATION, TRAINING & RESEARCH OFFICE TECHNICAL REVIEW FORM – PROPOSAL

PART I: RESEARCH PROTOCOL INFORMATION					
<b>Research Code:</b> (to be filled out by TRC Secretariat)	NCM	H-RES	5-		
Research Protocol Title:					
Principal Investigator:					
Research Protocol Submission Date:					
PART II: TECHNICAL	REVI	EW CH	IECKL	IST	
Instructions to the TRC Reviewer: The technical review should be precise and thoroug been done correctly. Kindly provide your evaluation response in the colur given below.	•	•			
Y (Yes) N (No) NA (Not Applicable)					
The purpose of this checklist is to outline the specific and comments on. If your expertise lies in a specific reference, and we do not require you to give comme is affirmative (Y). If there is any part that needs furth reason and/or recommendation. To complete the ter- verified your suggested course of action in Part V ar TRC Reviewer.	area, ents or er exp chnica	the pro every planatic I reviev	ovided evalua on or ch w, ensu	guide should only be used as a ation area in case the response nanges, kindly provide the ure that you have thoroughly	
PART III: EVALUATION AREAS					
	Y	Ν	NA	COMMENTS/ RECOMMENDATIONS	
(A). Title					
Is the title a good reflection of the study?					
(B). Background					
a. Does the background support the need for the study by providing sufficient information about the underlying clinical problem?					
b. Are there other uncertainties in the clinical problem?					
c. Does the background address issues that are particularly important for its target readers?					
d. Does the study address an important scientific issue?					
e. Will these be meaningful to patients and healthcare providers or the health center in general?					

	Y	Ν	NA	COMMENTS/ RECOMMENDATIONS		
(C). Objectives						
a. Was the main objective of the study specified clearly?						
(D). Methodology						
Study Design						
a. Is the study design clearly stated?						
b. Is the study design appropriate to the objective of the study?						
c. Are confounders controlled in the design and analysis phase? (If applicable)						
Sample Population						
a. Is the selection of study samples stated and suitable to the objectives?						
b. Are the inclusion / exclusion criteria clearly stated and appropriate?						
c. Is the subject recruitment process described and consistent with the study design?						
d. Is the sample size indicated and justified?						
Study Procedures						
a. Are the study procedures described and appropriate to the study objectives and design?						
b. Is the choice of interventions and comparators appropriate?						
(E). Data Analysis						
a. Is the method of data recording, analysis, and reporting clearly described?						
b. Are the techniques appropriate to the study objectives?						
(F). Other comments:						
PART IV: DISCLOSURE-REVIEWERS						
a) Do you have any financial interest (cash or in kind), paid consultancy or shareholding (current or otherwise), <b>with</b> any of the <b>investigators</b> / stakeholders associated with this research? <i>If yes, briefly describe your interests</i> / <i>relationships in the space provided</i>						
b) Are you in <b>any form of personal</b> <b>relationship, with any of the investigators /</b> <b>stakeholders</b> associated with this research? <i>If</i> <i>yes, briefly describe your interests /</i> <i>relationships in the space provided</i>						

PART V: RECOMMENDED ACTION						
() MINOR REVISION						
() MAJOR REVISION						
() DISAPPROVED						
() APPROVED						
JUSTIFICATION FOR RECOMMENDATION:						
TRC REVIEWER						
Signature over Printed Name	Date					
TRC CHAIRPERSON						
Signature over Printed Name	Date					