NATIONAL CENTER FOR MENTAL HEALTH **PROFESSIONAL EDUCATION, TRAINING & RESEARCH OFFICE** **TECHNICAL REVIEW FORM – FINAL RESEARCH**	*PETRO TRF Final Research Rev. 0 27 Mar 2024*

TECHNICAL REVIEW FORM (FINAL)

PART I: RESEARCH PROTOCOL INFORMATION	
Research Code: (to be filled out by TRC Secretariat)	
Research Protocol Title:	
Principal Investigator:	
Research Protocol Submission Date:	

PART II: TECHNICAL REVIEW CHECKLIST			
Criteria	**Evaluation**		**Remarks**
	Yes	**No**	

1. Technical merit
 	
  a. Were the study objective/s attained? Adequately supported by the findings of the study?
  b. Was the study design carried out as stated in the proposal?
  c. Study population
      i. Was/were the defined sampling population adequately covered?
      ii. Was the sampling methodology followed?
      iii. Was/were sample size/s adequately covered?			

2. Data Management
  a. Was the plan for data collection implemented as planned?
  b. Were the quality control procedures for data collection implemented? (Data capture, training of data collectors, protocol orientation)
  c. Were the case report form/study tools administered?
  d. Was the planned statistical analysis followed?			

3. Results of the Study
  a. Were the results presented and summarized per objective of the study?
  b. Were the results comprehensively and adequately discussed?			

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Criteria	**Evaluation**		**Remarks**
	Yes	**No**	
c. Were the results per objective tied up with the health policy and/or health program recommendations? d. Was there adequate discussion of limitations that may affect validity of results? e. Was there adequate discussion of implications of results and recommendations? f. Were conclusions supported by evidence presented in the results and discussion? g. Were the expected outputs indicated in the TOR and proposal met? h. Were all results supported by data presented in Tables (preferred method of data presentation)? i. If Graphs are presented, are the values presented? NOTE: If graphs are used, present the source tables in annexes			
4. Relevance/Significance a. Did the study identify any important health policy recommendations that will address an important health problem? b. Did the study identify any important health program recommendations that will address an important health problem? c. Did the study advance any scientific knowledge or clinical practice?			
5. Marketability Potential (for product-based proposals) a. Does the product have sufficient end-users? b. From the time of marketing, does the product have a return on investment in 5 years? c. Were conclusions compared with the current knowledge as discussed in the related literature?			
6. Disclosure - Reviewers a. Do you have any financial interest (cash or in kind), paid consultancy or shareholding (current or otherwise), with any of the investigators / stakeholders associated with this research? If yes, briefly describe your interests / relationships in the space provided b. Are you in any form of personal relationship, with any of the investigators / stakeholders associated with this research? If yes, briefly describe your			

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Criteria	**Evaluation**		**Remarks**
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PART V: RECOMMENDED ACTION

(__) MINOR REVISION

(__) MAJOR REVISION

(__) DISAPPROVED

(__) APPROVED

TRC REVIEWER	
Signature over Printed Name	Date
TRC CHAIRPERSON	
Signature over Printed Name	Date