# C:\Users\Acer\Desktop\chelle2\New FEU NRMF Seal\FEUNRMFxRCD Logo with address.png

**RCD Technical Review Form 1A**

**RCD/Department/School Level**

|  |  |
| --- | --- |
| Title:  |  |
| Author/s: |  |
| Department/School |  |
| Category |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ⬜ Faculty | ⬜ Fellow | ⬜ Resident | ⬜ Student | ⬜ Others |

 |
| Research Agenda \* |

|  |  |  |  |
| --- | --- | --- | --- |
| ⬜ DM | ⬜ HSSEDRM | ⬜ HTI | ⬜ HP |
| ⬜ HVP | ⬜ MH | ⬜ HSS UHC | ⬜ ASS |

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\* Legend: DM - Disease Management

 HSSEDRM - Health Safety, Security, Emergency, and Disaster Risk Management

 HTI - Health Technology and Innovation

 HP - Health Promotion

 HVP - Health of Vulnerable Population

 MH - Mental Health

 HSS UHC - Health Systems Strengthening Towards UHC

 ASS - Academic and Support Services

*INSTRUCTIONS: Put a check mark (*✓*) on the appropriate box. Write your comments/remarks on the appropriate column for detailed instructions.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TITLE** | **Yes** | **No** | **NA** | **Comments/Remarks** |
| Appropriate description of the study |  |  |  |  |
| **INTRODUCTION**  | **Yes** | **No** | **NA** | **Comments/Remarks** |
| Problem described Previous studies addressed the problem Deficiencies/gap in the previous studies Significance of the study described |  |  |  |  |
| **REVIEW OF LITERATURE**  | **Yes** | **No** | **NA** | **Comments/Remarks** |
| Appropriate and Comprehensive |  |  |  |  |
| **OBJECTIVES** | **Yes** | **No** | **NA** | **Comments/Remarks** |
| Clear and Specific |  |  |  |  |
| **METHODOLOGY** | **Yes** | **No** | **NA** | **Comments/Remarks** |
| 1. Research design appropriate
 |  |  |  |  |
| 1. Study Population and Study site specified
 |  |  |  |  |
| 1. Inclusion and Exclusion criteria detailed and appropriate
 |  |  |  |  |
| 1. Study procedure for Interventional/Experimental studies
 |  |  |  |  |
| * 1. Recruitment of participants and obtaining the Informed Consent
 |  |  |  |  |
| * 1. Description of procedure for the experimental and control groups
 |  |  |  |  |
| * 1. Method of assignment to study groups
 |  |  |  |  |
| * 1. Blinding and allocation concealment
 |  |  |  |  |
| * 1. Follow-up procedure
 |  |  |  |  |
| * 1. Laboratory procedure
 |  |  |  |  |
| * 1. Method of dealing with adverse events and/or serious adverse events
 |  |  |  |  |
| * 1. Withdrawal criteria
 |  |  |  |  |
| * 1. Criteria for stopping the study as a whole
 |  |  |  |  |
| * 1. Method of data collection
 |  |  |  |  |
| * 1. Data to be collected
 |  |  |  |  |
| 1. Study procedure for Observational studies
 |  |  |  |  |
| * 1. Sampling Methodology
 |  |  |  |  |
| * 1. Recruitment of participants and obtaining the Informed Consent
 |  |  |  |  |
| * 1. Method of data collection
 |  |  |  |  |
| * 1. Data to be collected
 |  |  |  |  |
| * 1. Instrument/s to be used for measuring
	2. exposure &/or outcome
 |  |  |  |  |
| * 1. Is/are instrument/s used validated?
 |  |  |  |  |
| * 1. Follow-up procedure
 |  |  |  |  |
| * 1. Laboratory procedure
 |  |  |  |  |
| * 1. Biosafety Clearance (if applicable, to be attached in the Appendix)
 |  |  |  |  |
| 1. Variable description/Operational definition
 |  |  |  |  |
| 1. Sample size calculation
 |  |  |  |  |
| 1. Data Management and Analysis
 |  |  |  |  |
| * 1. Data Processing and Encoding
 |  |  |  |  |
| * 1. Data Analysis
 |  |  |  |  |
| * 1. Dummy tables
 |  |  |  |  |
| 1. Ethical Consideration
 |  |  |  |  |
| * 1. Conflict of Interest
 |  |  |  |  |
| * 1. Vulnerability
 |  |  |  |  |
| * 1. Anticipated risks and discomforts
 |  |  |  |  |
| * 1. Expected benefits
 |  |  |  |  |
| * 1. Assurance of confidentiality & anonymity
 |  |  |  |  |
| * 1. Informed Consent/Assent
 |  |  |  |  |
| * 1. Community considerations
 |  |  |  |  |
| 1. Schedule of Activities
 |  |  |  |  |
| 1. References
 |  |  |  |  |
| 1. Appendices
 |  |  |  |  |
| * 1. Budgetary Requirement
 |  |  |  |  |
| * 1. Data collection tool (Coding Manual)
 |  |  |  |  |
| * 1. Questionnaire
 |  |  |  |  |

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| --- |
| **Additional Comments:** |
|  |

**Recommendation**

|  |  |
| --- | --- |
| Approved without Revision |  |
| With Minor Revision |  |
| With Major Revision |  |
| Disapproved |  |

|  |  |
| --- | --- |
| Printed Name and Signature: |  |

Dept. Research Coordinator/Adviser

School Research Coordinator

RCD Tech Reviewer

|  |  |
| --- | --- |
| Date: |  |