# 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 | |

\* 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 |  |  |  |  |

|  |
| --- |
| **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: |  |