#### NEW_dmu_logo

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| Date:  | DMU ref:  |

#### De Montfort University, Faculty of Health and Life Sciences,

#### Faculty Research Ethics Committee

#### REVIEWER FORM

#### Committee

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| **Name of Applicant:**  |  | **Name of Reviewer:** |  |
| **Title of Project:** |  | **Reviewer signature and date** |  |

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| **Please confirm that the applicant has addressed each of the following issues to your satisfaction** **(if applicable).**  | **Yes**  | **No**  | **N/A**  |
| The study design is appropriate |  |  |  |
| The research questions are clear |  |  |  |
| Recruitment method is explicit, fair, free from duress and data protection is not breached |  |  |  |
| Sample and sampling method is appropriate and ethical |  |  |  |
| Participants are fully informed about the research in writing |  |  |  |
| Participation is voluntary with informed consent?  |  |  |  |
| Vulnerable people have additional interventions to ensure informed consent (eg. parents, guardians, carers, advocates etc) |  |  |  |
| Participants are given details of how to complain  |  |  |  |
| DMU consent form template has been used  |  |  |  |
| Data will be stored securely, and for the appropriate duration |  |  |  |
| Permission has been, or will be, sought from external host organisation |  |  |  |
| Confidentiality, anonymity and privacy will be ensured and maintained |  |  |  |
| Possible adverse outcomes to participants are identified and suggestions to minimise or deal with these are presented |  |  |  |
| Risks to the researcher are identified and suggestions to minimise or deal with these are presented (in the laboratory or off campus) |  |  |  |
| Human tissue issues are addressed |  |  |  |
| Do the procedures identified necessitate formal assessment by another ethical committee? If yes, which one? |  |  |  |

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| **TAUGHT STUDENT APPLICATIONS ONLY: I determine the risk level of this application to be;**Please refer to FREC Guidelines, Appendix E  |
| **Low Risk** |  | **Medium Risk** |  | **High Risk** |  |

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| **Outcome** | **Please tick (√) one box only** |
| 1. I recommend this study is given ethical approval (no changes required) |  |
| 2. I recommend the applicant addresses the changes listed below and the  resubmission is re-reviewed by a reviewer or the Chair |  |

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| **Please list the specific changes the applicant must make to obtain ethical approval.** |
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| **Please write any additional comments you may have (optional)**  |
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