

RESEARCH PROJECT ADMINISTRATIVE AND SCIENTIFIC FEASIBILITY GRID REGIONAL OFFICE OF RESEARCH SERVICES (RORS)

Project title	
Principal Investigator	
Co-Investigators/Collaborators	
Target population	
No. of subjects targeted for recruitment	
Target date for project start	
Target date for end of project	

1. LITERATURE REVIEW	A	MR	N/A
1.1 The literature review is presented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2 References are included.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
2. AIMS AND OBJECTIVES	A	MR	N/A
2.1 The research aim and objectives are complete and specific.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
3. METHODOLOGY	A	MR	N/A
3.1 The methodology presented is adequate to address study objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 The population/sample size is presented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3 The inclusion and exclusion criteria are presented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4 The recruitment process is described.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5 The data collection and consent process are described.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6 The statistical analyses are described.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

A = Acceptable, MR = Modifications required (see comments), N/A = Not applicable

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4. RESSOURCES	A	MR	N/A
4.1 Human resources are presented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Physical resources and materials are presented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3 The required technology is described (e.g. phlebotomy, radiology).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
5. TEAM, EXPECTED FINDINGS AND TIMELINE	A	MR	N/A
5.1 Research team and respective roles are described.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2 The expected findings are described.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3 The planned dissemination of results is described.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4 The research project timeline is presented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
6. BUDGET	A	MR	N/A
6.1 The research budget is presented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2 The Notice of Award (NOA) is included (for funded projects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
7. SUPPORT	A	MR	N/A
7.1 The managers/directors of the departments/services involved provided a letter of support that clearly defines their collaboration and use of the resources required for the research project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2 The undersigned letters of support are appropriate representatives of the departments/services involved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

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8. DOCUMENTATION	A	MR
8.1 The documents provided are justified and complete (e.g., research proposal, consent forms, questionnaires, recruitment tools, data collection tools, letters of support, ethics committee certificates from other institutions, if applicable).	<input type="checkbox"/>	<input type="checkbox"/>
8.2 All documents provided to study participants are in both official languages, if applicable, and documents for employees are provided in the operating language of the establishment.	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

OVERALL RECOMMENDATION	Yes	No	Conditional*
Feasibility approval of research project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

* Modifications are required (see comments in previous sections)

Feasibility assessment date:	
Administrative and scientific feasibility assessment completed by:	(NAME) Research Coordinator Regional Office of Research Services Vitalité Health Network Phone number: E-mail:

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