# PEER REVIEW: Request to Chair of Peer Review Committee

**Department of Preventive and Social Medicine**

Date:

Dear *PSM Chair of Peer Review*

**Re Scientific Peer Review**

Please find attached my research project application/protocol, which is being submitted for:

* Peer Scientific Review or
* Consideration of having already had appropriate Peer Review required (e.g. funding body scientific review; Research Advisory Committee).

*Please name body:*

|  |
| --- |
| ***Level of Peer Review Required*** *(please select) see Health Research South ‘Peer review: Department Guidelines’ for definitions*[*https://www.otago.ac.nz/health-research-south/authorisation/peer-review/index.html*](https://www.otago.ac.nz/health-research-south/authorisation/peer-review/index.html) |
| ***Intended Ethics Committee:*** |
| ***Researcher Name:*** |
| ***Researcher Email:*** |
| ***Project Title:*** |
| ***List of co-investigators:*** |
| **The purpose for which the research application/protocol is intended,** e.g. PhD/Masters, research project etc. [Please indicate name of funder / funding source] |

**Please include with this letter**

* A copy of your study proposal/protocol (required*). Note: This must have sufficient content to allow scientific review to be undertaken. For example templates see:* [*https://www.otago.ac.nz/health-research-south/authorisation/index.html*](https://www.otago.ac.nz/health-research-south/authorisation/index.html)
* Evidence of previous successful Peer Review (if appropriate)
* Suggestions for appropriate peer reviewers; used at discretion of chairperson (optional)
* Any other material required to carry out this Peer Review (if appropriate)

*NOTE: The PSM Chair of Peer Review approves the application under the designated authority of the HOD. The standard turnaround time for peer reviews to be received is ten working days.*