

DFPM External Peer Review Program: Request for Review

To participate in the program, please complete this form preferably at least two months before the OSP deadline. With the form, please also submit the files to be reviewed to Drs. Joseph Stanford (joseph.stanford@utah.edu) and Melanie Steiner-Sherwood (m.steiner.sherwood@utah.edu). The program supports one review, and we will contact up to three reviewers to secure a match. Reviewers are paid with funds from the DFPM Health Studies Fund.

Please note: Request for support from the external peer review program may be declined if materials are not well prepared and ready for review, if there is not sufficient time to solicit the review, or if the proposed external reviewer does not have appropriate NIH experience or has an identified conflict of interest.

PROPOSAL INFORMATION

Proposal Title: _____

Summary of the Project (2 to 3 sentences, to be included in the email to the potential reviewer):

Agency: _____

Institute, if applicable: _____

Grant Mechanism: _____

OSP Deadline: _____

Resubmission (if yes, you must share your agency reviews and point by point responses): _____

Type of review requested: **limited** (Specific Aims and NIH Biographical Sketch) or **full** (Specific Aims, Research Strategy, NIH Biographical Sketch, and References Cited) _____

Are the materials ready to be shared as Word files (to be sent to the reviewer only after he or she agrees)? _____

APPLICANT INFORMATION

Name: _____

eRA Commons UserID: _____

What specific questions or issues would you like your reviewer to address:

PROPOSED REVIEWER INFORMATION

PREFERRED REVIEWER

Name, institution, and email of suggested reviewer:

Qualifications of reviewer:

What is your relationship to the reviewer? _____

Are you aware of any potential conflicts of interest for the reviewer? _____

ALTERNATIVE REVIEWER 1

Name, institution, and email of suggested reviewer:

Qualifications of reviewer:

What is your relationship to the reviewer? _____

Are you aware of any potential conflicts of interest for the reviewer? _____

ALTERNATIVE REVIEWER 2

Name, institution, and email of suggested reviewer:

Qualifications of reviewer:

What is your relationship to the reviewer? _____

Are you aware of any potential conflicts of interest for the reviewer? _____