CHRI Scientific Review Form

Applicant Name:  Reviewer Last Name:

Overall Evaluation: _____________ (Select High, Medium, or Low)

<table>
<thead>
<tr>
<th>Overall Evaluation</th>
<th>Recommendation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Fund without further discussion</td>
<td>Exceptionally strong with minor weaknesses</td>
</tr>
<tr>
<td>Medium</td>
<td>Discuss with review panel for consideration</td>
<td>Strong but with at least one moderate weakness</td>
</tr>
<tr>
<td>Low</td>
<td>Not recommended for further consideration</td>
<td>Few strengths but with at least one major weakness</td>
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</tbody>
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Definitions

Minor Weakness: easily addressable, does not lessen impact
Moderate Weakness: lessons impact
Major Weakness: severely limits impact

1. Child Health Relevance. Does this study address an important maternal/child health problem?
   Yes ____              No ____
   If there are any questions or concerns about maternal & child health relevance (e.g. borderline), please mark 'No' and explain in question 4. Will be discussed in the meeting.

2. Overall Summary & Assessment of Proposal Please provide a brief summary highlighting the strengths & weaknesses of the application.


4. Other Comments & Questions to Applicant. Please note any Maternal & Child Health relevance concerns here.

5. Conflict of interest (COI) disclosure:
   - I have served as a mentor to the PI/co-PI's on this grant.
   - I am a close professional colleague of the PI/co-PI's on this grant.
   - I work within the same division as the PI/co-PI's on this grant.

Please contact Hosna Omarzad (4-6891, homarzad@stanford.edu) immediately if you have a significant COI.