

CHRI Scientific Review Form

Applicant Name: _____

Reviewer Last Name: _____

Overall Evaluation: (Select Score: 1-4)

Score	Overall Evaluation	Description
1	High (H)	Exceptionally strong with minor weaknesses
2	Medium-High (MH)	Strong but with some minor weaknesses
3	Medium-Low (ML)	Some strengths but also some moderate weaknesses
4	Low (L)	Few strengths and some major weaknesses
Definitions		
Minor Weakness: easily addressable, does not lessen impact Moderate Weakness: lessens 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.

3. **Major Recommendations for Improving the Proposal** (consider budget, significance, approach, innovation, investigator, and environment). Please note any Maternal & Child Health relevance concerns in Question 4.

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

5. **Conflict of interest (COI) disclosure:**

- I have directly worked on or have been involved in this project
 I have no conflict of interest that I am aware of

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