CHRI Scientific Review Form

**Applicant Name:**

**Reviewer Last Name:**

---

**Impact:** (Select High, Medium, or Low)

<table>
<thead>
<tr>
<th>Impact</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>
</tr>
</tbody>
</table>

**Definitions**

**Minor Weakness:** easily addressable, does not lessen impact

**Moderate Weakness:** lessen impact

**Major Weakness:** severely limits impact

1. **Child Health Relevance.** Does this study address an important maternal/child health problem?
   
   Yes ____  No ____  (If No, skip the rest of this form and contact CHRI Administration).
   
   Borderline (needs discussion)

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).

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.*