**MCHRI Scientific Review Form**

**Applicant Name:**  
**Reviewer Last Name:**

**Overall Evaluation:** __________ (Select Score: 1-5) in whole numbers (no decimals)

<table>
<thead>
<tr>
<th>Score</th>
<th>Overall Evaluation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Exceptional/Outstanding</td>
<td>Exceptionally strong with only one or a couple minor weaknesses</td>
</tr>
<tr>
<td>2</td>
<td>Very strong</td>
<td>Very strong but with several (more than 2) minor weaknesses, no major weaknesses</td>
</tr>
<tr>
<td>3</td>
<td>Good</td>
<td>Some strengths but with at least one major weakness</td>
</tr>
<tr>
<td>4</td>
<td>Some Merit/Fair</td>
<td>Few strengths and several major and minor weaknesses</td>
</tr>
<tr>
<td>5</td>
<td>Not Competitive/Needs major revision</td>
<td>Significant major weaknesses that outweigh any strengths presented</td>
</tr>
</tbody>
</table>

**Definitions**

- **Minor Weakness:** easily addressable, does not lessen impact
- **Major Weakness:** requires major change, significantly limits impact

1. **Maternal and Child Health Relevance.** Does this study address an important maternal/child health problem? If there are concerns about maternal & child health relevance (including borderline), please mark ‘No’ and explain in section 5, below. Will be discussed in the meeting.
   
   Yes ____  
   No _____

2. **Overall Summary & Assessment of Proposal; Proposal Strengths.** Please provide a brief summary and list the strengths of the application.

3. **Major Weaknesses.** List any concerns that require major changes and significantly limit impact.

4. **Minor Weaknesses.** List any concerns that are easily addressable and do not lessen impact.

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

6. **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 MCHRI Administration (4-0279, mchri_admin@stanford.edu) immediately if you have a significant COI.*