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>
</tr>
</tbody>
</table>

**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.

3. **Major Recommendations for Improving the Proposal**

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.**