



MCHRI Scientific Review Form

Applicant Name: _____

Reviewer Last Name: _____

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

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