**Faculty of Medicine & Dentistry Office of Research  
CIHR Project Scheme Internal Reviewer Form**

**Reviewer:** Name

**Name of Applicant:** Name

**Application Title:** Title **Review Stage:** Choose Review Stage

**Date Competed:** Select Date

**Application Review**

[CIHR Peer Review Manual Criteria](https://cihr-irsc.gc.ca/e/49564.html#4.2.2).

**Adjudication Criteria**

* Significance and Impact of the Research
* Approaches and Methods
* Expertise, Experience and Resources

**Overall Rating:** Choose Rating.

[CIHR Rating Scale](https://drive.google.com/file/d/1m1rMWQwUEFdhqaRUMa_AjH-AMVmXEtd4/view?usp=sharing)

**Concept: Significance and Impact of the Research (1 page max)**Please identify strengths and weaknesses of the application.

Strengths/Weaknesses

**Feasibility: Approaches and Methods (1 page max)**

Please identify strengths and weaknesses of the application. This section includes sex and gender considerations.

Strengths/Weaknesses

**Expertise, Experience and Resources (1 page max)**Please identify strengths and weaknesses of the research team, available infrastructure, etc.

Strengths/Weaknesses

**Additional Comments for Improvement of the Application (1 page max)**

Additional Comments