**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

**Adjudication Criteria**

Significance and Impact of the Research: Choose Rating.

Approaches and Methods: Choose Rating.

Expertise, Experience and Resources: Choose Rating.

**Overall Rating:** Choose Rating.

[Rating Scale and Descriptors](https://drive.google.com/file/d/1aNs9L-SxdEKL4UI261ay9EJjfZrdLGmR/view?usp=sharing)

**Application Review**

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