

INTERNAL PEER REVIEW REGISTRATION

**To inform us of your intent to apply to an upcoming grant competition and request internal peer review support, please complete this form and e-mail it to:** **iph@ucalgary.ca**

*N.B.: This form is not meant to replace the administrative documentation required by your Faculty / Department / Organization.*

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| **PRINCIPAL INVESTIGATOR’S SURNAME, GIVEN NAME(S), INITIAL(S)**      | **ACADEMIC RANK**      |
| **ORGANIZATION (e.g., University of Calgary, Alberta Health Services, etc.)**      | **FACULTY / DEPARTMENT / UNIT**      |
| **EMAIL ADDRESS**      | **MEMBERSHIP IN OTHER U OF C FACULTY OF MEDICINE INSTITUTES/CENTRES**[ ]  Alberta Children’s Hospital Research Institute [ ]  Hotchkiss Brain Institute [ ]  Libin Cardiovascular Institute of Alberta[ ]  McCaig Institute for Bone and Joint Health[ ]  Snyder Institute for Chronic Diseases[ ]  Arnie Charbonneau Cancer Institute[ ]  Other:       |
| **AGENCY (e.g., CIHR):**      **PROGRAM (e.g., Operating Grant):**      ***\* Please list the formal title of the funding opportunity*** | [ ]  NEW[ ]  RENEWAL[ ]  REAPPLICATION | **COMPETITION DEADLINE:**     **INTERNAL DEADLINE (IF ANY):**      ***\* Used to develop IPR timeline*** |
| **TITLE OF GRANT (working title for proposal)**      |
| **CO-INVESTIGATORS(S), if any**     ***\* Co-investigators/collaborators are NOT used as reviewers*** | **LIST 3 KEYWORDS DESCRIBING YOUR RESEARCH PROPOSAL**1.      2.       3.      ***\* Used to identify possible reviewers*** |
| **SUGGESTED REVIEWERS, excluding co-investigators/collaborators. If left blank, the Institute will propose a list of reviewers for your consideration.**1. Name:       Email:      2. Name:       Email:      3. Name:       Email:       | **REQUESTED EXPERTISE (e.g., specific review of statistical section, methodology, scientific concept, etc.)**1.      2.      3.      ***\* Used to identify possible reviewers*** |
| **REVIEWERS TO WHOM YOUR APPLICATION SHOULD NOT BE SENT (including co-applicants)**      | **SELECTED AGENCY REVIEW PANEL(S), *if applicable***     ***\* Used to identify possible reviewers*** |
| **PROVIDE A SUMMARY OF YOUR RESEARCH PROPOSAL. Insert text into the field, or submit a separate document (e.g., one page summary) along with this form.** |

**Thank you for completing the form.**

**Remember, if you did not include your research summary on the form, include a separate document with your research summary when submitting.**

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