

INTERNAL PEER REVIEW APPLICATION

For use with Cumming School of Medicine Online Tool

To inform us of your intent to apply to an upcoming grant competition and request internal peer review support, please use the Cumming School of Medicine online registration tool: [**https://intranet.med.ucalgary.ca/research/ipr/default.aspx**](https://intranet.med.ucalgary.ca/research/ipr/default.aspx)

Please also complete this form that provides complementary information to facilitate the O’Brien Institute for Public Health in its process of assigning reviewers. This file should be uploaded as an attachment to your online registration.

If you have any questions, please email [iph@ucalgary.ca](mailto:iph@ucalgary.ca)

|  |  |  |
| --- | --- | --- |
| **PRINCIPAL INVESTIGATOR:** | | |
| **If the PI does not hold a faculty position in the Cumming School of Medicine, please provide the following affiliation information:** | | |
| **Organization (e.g., UC, AHS, etc.)** | **Faculty / Department / Unit** | **Academic Rank (if applicable)** |
| **FUNDING PROGRAM (if not CIHR Project Scheme)**  **Agency:**  **Program Title:** | | **Agency’s Competition Deadline:**  **Internal Deadline:** |
| **TITLE OF GRANT (working title for proposal)** | | |
| **KEYWORDS DESCRIBING RESEARCH PROPOSAL**  1.  2.  3. | | **REQUESTED EXPERTISE OF REVIEWERS (e.g., specific review of statistical section, methodology, scientific concept, etc.)**  1.  2.  3. |
| **REVIEWERS TO WHOM YOUR APPLICATION SHOULD NOT BE SENT, INCLUDING CO-APPLICANTS (list all concerned)** | | |
| **BRIEF RESEARCH SUMMARY (note: you may cut and paste into the field; field will expand to accommodate your text):** | | |