

INTERNAL PEER REVIEW REGISTRATION

For use with Cumming School of Medicine Online Tool

Please complete this form that provides complementary information to facilitate the O’Brien Institute for Public Health in its process of assigning reviewers. If you are registering using the CSM portal, 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)

**IPR Program Requested:**  Regular IPRPanel IPRChalk Talk

|  |  |  |  |
| --- | --- | --- | --- |
| **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)** |
| **CIHR REVIEW COMMITTEE:** Choose a committee | **Other:** | |  |
| **FUNDING PROGRAM\* (if not CIHR Project Scheme)**  **Agency:**  **Program Title:** | | NEW  RESUBMISSION | **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. |
| **CO-INVESTIGATOR(S)**    **OTHERS NOT to be invited as reviewers** | | | |
| **BRIEF RESEARCH SUMMARY (note: you may cut and paste into the field; field will expand to accommodate your text):** | | | |

**\*Funding Program n/a for Chalk Talks**