

NIH POST-REVIEW CERTIFICATION REGARDING CONFLICT OF INTEREST
FOR DHHS FEDERAL EMPLOYEES WHO ARE REVIEWERS OF
NIH R&D CONTRACT PROPOSALS

Reviewer Name: _____ Lastname, Firstname M

Address (employment): _____

Address Line 1 _____

Address Line 2 _____

City, State Zip Code _____

Scientific Review Group: _____

Date(s) of review: _____

**NIH Conflict of Interest Rules:
Information for Reviewers of NIH R&D Contract Proposals
(DHHS Federal Employees)**

The NIH peer review system relies on the professionalism of each reviewer to identify any conflict of interest (COI) or the appearance of COI that may affect or appear to affect the integrity of the NIH peer review process.

The NIH COI rules for initial peer review for technical evaluation of R&D contract proposals are based on federal regulations ([42 CFR Part 52h](#)) and presented in detail in NIH Guide Notice [NOT-OD-14-069](#), as clarified in NIH Guide Notice [NOT-OD-21-019](#).

In order to participate in the technical evaluation meeting, you must certify on the *post-meeting* Conflict of Interest Certification below that you recused yourself from the review of any proposal pending review in technical evaluation panel where your participation would have constituted a COI or the appearance of COI. In addition, the NIH may have determined that a particular situation involves a COI or the appearance of COI and required that you not participate on the technical evaluation panel or, in rare cases, not be involved in the review of the R&D contract proposal(s) in question.

DHHS Federal employees participating in NIH peer review are subject to a comprehensive set of statutes and regulations governing their conduct, in addition to NIH policy regarding their selection and use in the peer review process. A DHHS Federal employee serving as an NIH peer reviewer is responsible for obtaining any clearance required by his/her employing institute, agency, or office.

You **may not have been** on the technical evaluation panel if:

- You are named on a proposal in a **major professional role** (Program Director/Principal Investigator [PD/PI], Senior/Key Personnel, Other Significant Contributor, Project/Site/Core Director, collaborator, consultant).
- You are a member of an NIH Advisory Council.
- You have a direct financial interest: you or a close family member would receive a direct financial benefit if a proposal is funded.

- You are employed by an offeror organization.
- You are from an organization that is included as a subcontractor of an R&D contract proposal.
- Within the past three years, you have been a collaborator or have had any other professional relationship (e.g., served as a mentor or been involved in the preparation of a grant application or an R&D contract proposal) with any person who has a major professional role on an R&D contract proposal that was reviewed in the technical evaluation panel.
- An R&D contract proposal includes a letter of support or reference letter from you.
- You serve as a member of the Advisory Board for a project/R&D contract proposal under review.
- You have an indirect financial interest from the offeror organization or person with a major professional role of over \$10,000 in honoraria, stocks, and fees during the last year or during the contract period.
- You are a non-DHHS Federal employee participating in NIH peer review while on official duty time or administrative leave or while using the resources or supplies of your employing agency.

You **may have been** on the technical evaluation panel and **may have reviewed** specific proposals (not considered a COI) if:

- A proposal originates from an organization where you have collaborators, but your collaborators are not listed on the proposal.
- You have an indirect financial interest of less than \$10,000.
- You freely donate reagents or other materials to the proposed project, and these reagents or materials would also be available to other researchers.
- You, as well as a person with a major professional role on the proposed project, contribute data, reagents, specimens, etc., to the same repository or database.
- You are a member of a research network that involves a person with a major professional role on the proposed project.
- You are a co-author of a non-research publication (e.g., review, commentary) or a mega- or multi- authored publication with a person with a major professional role on the proposed project.

Post-Meeting Certification: Reviewer Who is a DHHS Federal Employee

Consistent with my understanding of potential consequences, including the prospect of penalties for falsification, concealment, fraud, and other actions as authorized by US Code Title 18 chapter 47 section 1001 (<https://www.govinfo.gov/content/pkg/USCODE-2014-title18/pdf/USCODE-2014-title18-partI-chap47-sec1001.pdf>), I certify that in the review identified above, I did not participate in an evaluation of any proposal in relation to which I had a conflict of interest or the appearance of conflict of interest under applicable government ethics standards, including submissions: (1) from any organization with which I have an outside activity; (2) from any organization I serve or am seeking to serve as an officer, director, trustee or partner; (3) from any organization with which I am seeking employment; (4) from or evaluating a product of any organization in which I, my spouse, and/or my minor child hold, in aggregate, more than \$15,000 worth of stock; (5) that would affect my spouse's employment, compensation, or benefits; (6) submitted by or that involves in a major professional role a close relative, a member of my household, an individual or entity with which I have a business or contractual relationship, or the employer of my spouse, parent, or dependent child; or (7) from my former (within the past year) non-Federal employer. I recused myself from the review of any R&D contract proposal if I had a conflict of interest or the appearance of conflict of interest, unless a waiver or authorization, as appropriate, was granted by or in consultation with my ethics official or the NIH Deputy Director for Extramural Research, as appropriate. I fully understand the confidentiality of the review process.

PI Printed Name: _____

Lastname, Firstname M

Signature: _____

Electronically signed by _____ [Lastname, Firstname M]

on _____ (Date and time)