

NIH/OER (Approved for implementation by May 2022)

NIH POST-REVIEW CERTIFICATION REGARDING CONFLICT OF INTEREST FOR
REVIEWERS* OF APPLICATIONS FOR NIH GRANTS,
COOPERATIVE AGREEMENTS, AND FELLOWSHIPS

(*Reviewers who are not employees of the Department of Health and Human Services)

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 Applications for NIH Grants, Cooperative Agreements, and Fellowships

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 grant applications, cooperative agreements, and fellowships are based on federal regulations ([42 CFR Part 52h](#)) and presented in detail in NIH Guide Notice [NOT-OD-13-010](#) as clarified and revised in NIH Guide Notices [NOT-OD-21-005](#) and [NOT-OD-21-019](#).
- At the conclusion of the SRG meeting, you must certify on the *post-meeting* Conflict of Interest Certification below that you recused yourself from the review of any application 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 be involved in the review of the application(s) in question.

You **may not have been** on the SRG if:

- You are named on an application in a **major professional role** (Program Director/Principal Investigator[PD/PI], Senior/Key Personnel, Other Significant Contributor, Project/Site/Core Director collaborator, consultant, sponsor, mentor, or conference organizer).
- You are a member of an NIH Advisory Council.
- You have a direct financial interest: you or your close family member would receive a direct financial benefit if an application is funded.
- 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 SRG but may not review certain applications, and **must have left the room** when:

- The PD/PI or anyone else on the application with a **major professional role** is from your organization or for multicomponent organizations, from your organizational component.
- You are planning a collaboration with anyone with a **major professional role** on the application.
- Within the past three years, you have published with, have collaborated with, have been

involved in the preparation of an application or proposal with, or have been in a mentoring relationship with any person on the application who has a **major professional role**.

- The application includes a letter of support or reference letter from you.
- You serve as a member of the Advisory Board for the project under review or for a grant held by anyone playing a **major professional role** on the application.
- You have an indirect financial interest: you will have received more than \$10,000 (in the form of honoraria, stocks, or fees) from the PD/PI or the submitting organization over the period from one year ago through the end of the proposed project.

You **may have been** on the SRG and **may have reviewed** specific applications if (not considered a COI):

- An application originates from an organization where you have collaborators, but your collaborators are not listed on the application.
- 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 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 role on the proposed project.
- You are a co-author of a non-research publication (e.g., review, commentary) or a mega-multi-authored publication with a person with a major role on the proposed project.

Post-Meeting Certification: Reviewer Who Is Not A DHHS Federal Employee

This is to certify that in the review identified above, I did not participate in an evaluation of any application: (1) from any applicant organization where I am a full- or part-time salaried employee or where I am negotiating for such employment; (2) from any applicant organization where I have received or could receive a direct financial benefit in relation to the application under review or have received or could receive a financial benefit from the applicant organization or principal investigator valued at \$10,000 or more per year that is unrelated to the application under review; (3) submitted by, or involves in a major professional role, a close personal relative, a member of my household, or professional associate, or if such person receives financial benefits from or provides financial benefits to an applicant; or (4) in which I had any other interest in the application that is likely to bias my evaluation of that application. If there was a conflict of interest or an appearance of conflict of interest, I recused myself from the review of the application or was granted an appropriate waiver.

CERTIFICATION

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 fully understand the confidential nature of the review process and certify that in the review above I did not participate in an evaluation of any application with which I knowingly had a conflict of interest, unless an appropriate waiver was granted.

Signature: _____

Lastname, Firstname M

Printed name: _____

Electronically signed by _____ [Lastname, Firstname M] via Internet Assisted

Review on _____ (Date and Time)