

**NIH PRE-REVIEW CERTIFICATION REGARDING
CONFLICT OF INTEREST FOR FEDERAL EMPLOYEES WHO ARE
REVIEWERS OF APPLICATIONS FOR NIH GRANTS, COOPERATIVE AGREEMENTS, AND FELLOWSHIPS**

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 apparent 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](#).
- In order to participate in the review meeting, you must:
 - Review the rules below, and screen the applications for real or apparent COI for yourself.
 - Notify the Scientific Review Officer *immediately*:
 - If you have a COI that prevents you from serving on that review panel (see below), or
 - If you identify an application with which you have a COI or appearance of COI.
 - Certify:
 - On the *pre-meeting* Conflict of Interest Certification that you have identified any application with which you have a COI or appearance of COI.
 - On the *post-meeting* Conflict of Interest Certification that you recused yourself from the review of any application where your participation constitutes a real or apparent COI. In addition, the NIH may determine that a particular situation involves a COI and require that the potential reviewer not be involved in the review of the application(s) in question.

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 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 be** on the study section 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, your close family member would receive a direct financial benefit if an application is funded.
- You have a **major professional role** in an application submitted to a Request for Applications (RFA) and the study section will evaluate applications submitted in response to that RFA.

You **may be** on the study section but may not review certain applications, and **must leave the room** when:

- The PD/PI or anyone else on the application with a **major professional role** is from your institution or for multicomponent institutions, from your institutional 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, 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 institution over the period from one year ago through the end of the proposed project.

You **may be** on the study section and **may review** specific applications (not considered a COI) if:

- An application originates from an institution 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.

Pre-Meeting Certification: Reviewer Who is a Federal Employee

I hereby certify that, based on the information provided:

I have complied with my agency's financial disclosure and ethical conduct requirements associated with service as an NIH reviewer and understand I must recuse from any review if I have a conflict of interest or apparent conflict of interest unless a waiver or authorization is granted by or in consultation with my ethics official.

I certify that I have read and that I understand the [NIH Conflict of Interest Rules: Information for Reviewers of Applications for NIH Grants, Cooperative Agreements, and Fellowships](#) and examined the list of applications to

be reviewed. I hereby certify that to the best of my knowledge and 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.gpo.gov/fdsys/pkg/USCODE-2011-title18/pdf/USCODE-2011-title18-part1-chap47.pdf>), I have disclosed all conflicts of interest that I may have with the applications and I fully understand the confidential nature of the review process.

Signature: _____

Lastname, Firstname M

Printed Name: _____

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

Review on _____