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Institution: [redacted]
Authority: [redacted]

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List of Meetings

All times are in Eastern Standard Time/ Eastern Daylight Time.

Pioneer Meeting	Meeting Dates/Location	SRA Name	Evaluation Due	Action
[redacted]	[redacted]	[redacted]	[redacted]	View List of Applications SRG Minutes/Budget Form Pre-Meeting COI Form Post-Meeting COI Form Meeting Minutes

All times are in Eastern Standard Time/ Eastern Daylight Time.

Meeting	Meeting Dates/Location	SRA Name	Phase	Critique Due	Read Phase End	Edit Phase End	Action
[redacted]	[redacted]	Silver	[redacted]	[redacted]	[redacted]	[redacted]	View List of Applications SRG Minutes/Budget Form Pre-Meeting COI Form Post-Meeting COI Form Meeting Minutes

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National Institutes of Health (NIH)
9000 Rockville Pike
Bethesda, Maryland 20892

Department of Health and Human Services

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To sign, make sure the list of applications you are in conflict is correct and then click on the “I Certify” button. If applications you are in conflict are missing from the list, contact the SRO to have it added to the meeting database.

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Pre Meeting Form

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DHHS PRE-REVIEW CERTIFICATION FORM
REGARDING CONFLICT OF INTEREST, CONFIDENTIALITY, AND NON-DISCLOSURE FOR REVIEWERS OF GRANT APPLICATIONS AND R&D CONTRACT PROPOSALS

Reviewer Name: [redacted]
Address: [redacted]
Scientific Review Group: [redacted]
Date(s) of review: July 05 [redacted]

Check only one (and provide any comments or explanations on reverse side):

I have read the attached "DHHS Conflict of Interest, Confidentiality, and Non-Disclosure Rules and Information for Reviewers" and have examined the list of applications/proposals to be reviewed, and hereby certify that, based on the information provided to me, **I do not have a conflict of interest in any of them.**

For grant application reviews only: I have read the attached "DHHS Conflict of Interest, Confidentiality, and Non-Disclosure Rules and Information for Reviewers" and examined the list of applications to be reviewed and hereby certify that, based on the information provided, **I have a conflict of interest in the specific applications listed below** and hereby recuse myself from their review.

For contract proposal reviews only: I have read the attached "DHHS Conflict of Interest, Confidentiality, and Non-Disclosure Rules and Information for Reviewers" and examined the list of proposals to be reviewed and hereby certify that based on the information provided, **I have a conflict of interest in the specific proposals listed below** and hereby recuse myself from their reviews (requires a waiver to participate in review meeting).

I am in conflict with the following applications/proposals (identify applications by number and identify proposals by name of offeror):

There are no applications with conflict of interest

Applications you are in conflict will be listed here. If you identify additional conflicts contact the SRO

Certification

I certify that I have read the attached "DHHS Conflict of Interest, Confidentiality, and Non-Disclosure Rules and Information for Reviewers." Under penalty of perjury (US Code Title 18 chapter 47 section 1001), I certify that to the best of my knowledge I have disclosed all conflicts of interest that I may have with the applications or R&D contract proposals and I fully understand the confidential nature of the review process and agree: (1) to destroy or return all materials related to it; (2) not to disclose or discuss the materials associated with the review, my evaluation, or the review meeting with any other individual except as authorized by the Scientific Review Administrator (SRA) or other designated DHHS official; (3) not to disclose procurement information prior to the award of a contract; and (4) to refer all inquiries concerning the review to the SRA or other designated DHHS official.

Signature:

Electronically signed by [redacted] via Internet Assisted Review on 11/01/2007 12:58 PM

(Date)

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Local Intranet

Click here if you are not in conflict with any application

Click here if you are in conflict with one or more applications

Click here to sign the form

During the meeting or at the end of the meeting, log into your Commons account and in the list of meeting screen click on the Post-Conflict of Interest Form, the post conflict form will open. You can sign it by clicking on the “I Certify” button.

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Welcome Institution Authority:

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Post Meeting Form

[List of Meetings](#)

DHHS POST-REVIEW CERTIFICATION FORM REGARDING CONFLICT OF INTEREST, CONFIDENTIALITY, AND NON-DISCLOSURE OF INFORMATION FOR NON-FEDERAL AND FEDERAL REVIEWERS OF GRANT APPLICATIONS AND R&D CONTRACT PROPOSALS

Scientific Review Group: [Redacted]
Date(s) of review: July 05

A. Confidentiality and Non-Disclosure: I fully understand the confidential nature of the review process and agree: (1) to destroy or return all materials related to the evaluation; (2) not to disclose or discuss the materials associated with the review, my evaluation, or the review meeting outside of that meeting or with any other individual except as authorized by the Scientific Review Administrator (SRA) or other DHHS designated official; (3) not to disclose procurement information prior to the award of a contract; and (4) to refer all inquiries concerning the review to the SRA or other designated DHHS official.

B. Conflict of Interest For Non-Federal Reviewers: This is to certify that in the review identified above, I did not participate in an evaluation of any application or proposal: (1) from any applicant institution or offeror where I am a full- or part-time salaried employee or where I am negotiating for such employment; (2) from any applicant institution or offeror where I have received or could receive a direct financial benefit in relation to the application or proposal under review or have received or could receive a financial benefit from the applicant institution or offeror or principal investigator valued at \$10,000 or more per year that is unrelated to the application or proposal under review; (3) submitted by 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 offeror. If there was an appearance or real conflict of interest, or (4) any application submitted by my former (within the past year) employer I recused myself from the review of the application/proposal or was granted an appropriate waiver.

C. Conflict of Interest For Federal reviewers: This is to certify that in the review identified above, I did not participate in an evaluation from (1) any applicant institution where I have an outside activity; (2) any applicant institution where I serve as an officer, director, trustee or partner; (3) any applicant institution where I am seeking employment; (4) any applicant institution in which I, my spouse, and my minor child hold, in aggregate, more than \$15,000 worth of stock; (5) any applicant institution where my spouse is employed; (6) any application submitted by a close personal relative, a member of my household, a colleague with whom I have a business or other contractual relationship, the employer of my spouse, parent, or child, or (7) any application submitted by my former (within the past year) non-Federal employer. If there was an appearance or actual conflict of interest, I recused myself from the review of the application/proposal or was granted an appropriate waiver.

CERTIFICATION

Under penalty of perjury (US Code Title 18 Chapter 47 section 1001), I fully understand the confidential nature of the review process and agree to confidentiality and non-disclosure (Paragraph A) and certify that in the review above I did not participate in an evaluation of any application or proposal with which I knowingly had a conflict of interest (Paragraph B or C).

Printed Name: _____
Signature: _____

Electronically signed by [Redacted] via Internet Assisted Review on 10/30/2007 11:23 AM

[Click here to sign the form](#) → (Date)

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