

National Institutes of Health Office of Extramural Research

eCOI Users' Guide (Peer Review/IAR)

Version 2.13.0.0 – December 14, 2007



Table of Contents

Electronic Conflict of Interest (eCOI)	1
Reviewers—eCOI	2
Access eCOI Forms	2
Sign the Pre-meeting COI Form	2
Sign the Post-meeting COI Form	6
Sign the SRG Minutes/Budget Form	8
SRA/GTA—eCOI	12
Enable/Disable eCOI Meeting-Wide Option	
Track eCOI Forms	
View Specific Reviewer's List of Applications	
Designate SRG Minutes/Budget Signee	
Pre-meeting COI Form-Page 1	
Post-meeting COI	20
Conflict Report	21
Grant Application Reviewers—Confidentiality and Non Disclosure Rules	

Electronic Conflict of Interest (eCOI)

With this IAR release, Reviewers can *electronically* sign Conflict of Interest forms. The eCOI forms are accessed from the IAR module. eCOIs will co-exist with the paper forms. The form will be available as long as reviewers have access to the Internet Assisted Review (IAR) module for that particular meeting. There is no change in the conflict of interest policy with the electronic forms' introduction (*see* Grant Application Reviewers—Confidentiality and Non Disclosure Rules on page 22, or access the policy at

http://grants.nih.gov/grants/peer/COI_Information.pdf).

NOTE: The eRA system maintains a meeting's eCOI information for 10 years.

Reviewers access specific eCOI forms from the **List of Meetings** screen when the "Allow eCOI Submission" meeting option is enabled (*see* **Enable/Disable eCOI Meeting-Wide Option** on page 12).

Access eCOI Forms

To access an eCOI form:

1. Click the desired form's link on the **List of Meetings** screen (*see* Figure 1).



Figure 1: List of Meetings Screen (IAR0001).

NOTE: The **Post-Meeting COI Form** link is not available for reviewers designated as "Mail/Outside Opinion Reviewers" in the Committee Management system.

Sign the Pre-meeting COI Form

Post-Meeting COI Form Meeting Materials

To sign the **Pre-meeting COI Form**:

- 1. Open the **Pre-meeting COI Form** (*see* **Access eCOI Forms** on page 2).
- The **Pre Meeting Form** screen displays (*see* Figure 2).

	Control Research Administration Welcome Institution Sponsored 3P. National Institutes of Residu Monte, Administration Vesiss2.10.1.1 dev Pre Administration Proceeding Form	<u>g-out</u>
Links —	List of Meetings Project Personnel Institutions Pre-meeting COLForm-Page 2-3 Journ-Fedb	
	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:	
The following information was	Address: DEPARTMENT OF INUROLOGY UNIVERSITY OF IOWA COLLEGE OF MEDICINE IOWA CUTY, IA 52242	
removed from Figure 2 to	Scientific Review Group: Date(s) of review: <u>July 05, 2007 - July 23, 2002</u>	
maintain data privacy:	Check only one (and provide any comments or explanations on reverse side):	
	I have read the attached "DHNS 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.	
Reviewer Name Scientific Review Group	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.	
Electronic Signature (Reviewer	Per contract proposal reviews only: I have read the attached "OMBS Conflict of Interest, Confidentiality, and Ison-Disclosure Rules and Information for Reviewers" and examined the list of proposals to be reviewed and hereby control 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).	
Name)	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	
	Certification	
	section 1001). Learn's that to the best of my knowledge I have disclosed all coefficient effects and the applications or FBD contract proposals and I fully understand the coefficient of the applications or FBD contract proposals and I fully understand the review necessar advection of the area were processed and grees: (1) to detrive or return all metabric related to it. (2) not to disclose or discuss the material sectionable with the applications or FBD contract proposals and I fully understand the review necessar advection and and and the provide the section of the section of the disclose of discuss the material sectionable with the review of the section of a contract and (2) nor ref all induces contracting the contract and the advection of the section of a contract and (2) nor ref all induces contracting the review to the standard DMIS difficult and the review to the standard DMIS	
	Signature:	
	Electronically signed by [] via Internet Assisted Review on 11/01/2007/12/30 PM	
	LCently Cencel (Detc)	
	(Contact Us/Help Deck) Privacy Notice Disclaimer Accessibility	_

Figure 2: Pre Meeting Form Screen.

 Click the <u>Pre-meeting COI Form – Page 2-3 (suffix)</u> link to read COI certification rules and information.

Pre-meeting COI Form – Page 2-3 (Fed / non-Fed)

NOTE: The <u>Pre-meeting COI Form – Page 2-3 (suffix)</u> links displays as follows:

The link displays with the "**Fed**" suffix when the user is a federal employee as specified within the Committee Management system.

The link displays with the "**non-Fed**" suffix when the user is **not** a federal employee as specified within the Committee Management system.

 Click the desired radio button (*see* Pre-meeting COI Form Fields/Links/Actions on page 4 for radio button selection descriptions).

NOTE: Only one radio button can be selected and at least one radio button must be selected to certify the form.

4. Click the **ICertify** button to electronically sign the form.

The system redisplays the **Pre Meeting Form** screen with the electronic signature (*see* Figure 3).

Signature:

Electronically signed by [(last, first name)] via Internet Assisted Review on 11/01/2007 12:58 PM

Figure 3: Pre Meeting Form—Electronic Signature.

NOTE: Click the Cancel button to return to the **List of Meetings** screen.

NOTE: The **Pre-meeting COI Form** can be re-signed when necessary. To re-sign the form, follow steps 1 through 4 above.

Pre-meeting COI Form	The following list de	The following list describes Pre Meeting Form screen fields, links, and actions.		
Tielus/Links/Actions	Field/Link/Action	Description		
	List of Meetings	When clicked, displays the List of Meetings screen.		
	(Hypertext Link)			
	Project Personnel	When clicked, displays the "Unique Institutions - Project		
	Institutions	Personnel Report".		
	(Hypertext Link)			
	Pre-Meeting COI Form – Page 2-3 (Fed)	When clicked, displays rules and information related to COI certification for federal employees.		
	(Hypertext Link)	See Pre-meeting COI Form – Page 2-3 (Fed / non-Fed) on page 3.		
	Pre-Meeting COI Form – Page 2-3 (non Fod)	When clicked, displays rules and information related to COI certification for non-federal employees.		
	(Hunortovt Link)	See Pre-meeting COI Form – Page 2-3 (Fed / non-Fed)		
	(Hypertext Link)	on page 5.		
	Reviewer Name	The last and first name of the individual certifying the form. The system automatically determines the displayed value.		
	Address	The reviewer's address—the system automatically determines the displayed value.		
	Scientific Review Group	Identifies the meeting related to the COI certification. The system automatically determines the displayed value.		
	Date(s) of Review	The meeting's start and end date in		
		Month DD, YYYY – Month DD, YYYY format.		
		The system automatically determines the displayed value.		
	Radio Button 1	"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. "		

Field/Link/Action	Description	
Radio Button 2	"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."	
Radio Button 3	"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)."	
Applications in Conflict	A list of applications that the SRA has designated as in conflict.	
	Displays the following:	
	PI Name – last, First name of the PI	
	Grant # - The grant Number of the proposal	
	The system automatically determines the displayed value.	
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."	
I Certify (Action Button)	See Click the ICertify button to electronically sign the form on page 3	
Cancel (Action Button)	When clicked before signing, returns the user to the List of Meetings screen leaving the form unsigned.	

	Field/Link/Action	Description	
	Signature	Displays the following when the form is signed:	
		"Electronically signed by [Reviewer Last Name, Reviewer First Name] via Internet Assisted Review on MM/DD/YYYY HH:MI AM/PM.	
		The system automatically determines the displayed name value.	
Sign the Post- meeting COI Form	A system generated er reviewers as a remind conditions exist:	mail (<i>see</i> Email Reminder Text on page 8) is forwarded to er to sign the Post-meeting COI Form when the following	
	• The "Al	low eCOI Submission" option is enabled.	
	• The revi Reviewe	ewer is not designated as "Mail/Outside Opinion ers" in the Committee Management system.	
	• The revi	ewer did not sign the form.	
	• The mee	ting end date has past.	
	• The mee	ting "Edit" phase (if exists) has not yet past.	
	• The mee yet past.	ting "Read" phase (if "Edit" phase does not exist) has not	
	To sign the Post-meeting COI Form :		
	1. Open the page 2).	e Post-meeting COI Form (see Access eCOI Forms on	
	NOTE: The designated as Management	Post-meeting COI Form is <u>not</u> available to reviewers s "Mail/Outside Opinion Reviewers" in the Committee s system.	
	• The Pos	t Meeting Form screen displays (see Figure 4).	

	Common Source by National Institutes of Health Sensared by National Institutes of Health Home Admin DescondProfile Internet Assisted Review Links #RAPatimes Help Post Meeting Form	rescuite Institution Net Atfliated Automy, VAR <u>Los out</u>
Link ——	List of Meetinas	
The following information was removed from Figure 4 to maintain data privacy: Scientific Review Group Printed Name (Reviewer Name) Electronic Signature (Reviewer Name)	DEMONDMENT CONFLICT OF INTEREST, CONFIDENTIAL TO A DATA THE ADDA TO ADDA THE ADDA TO ADDA THE ADDA TO ADDA THE ADDATT	No NEOR NON-FEDERAL AND FEDERAL REVIEWERS OF GRANT SALS : (1) to destroy or return all materials related to the evaluation; (2) not to g or with any other individual except as authorized by the Scientific Deview is a contract, and (1) or ford all individual concentrations of the Scientific Deview is a contract, and (1) or ford all individual except as authorized by the Scientific Deview is employment; (2) from any application or proposal; (1) from any employment; (2) from any application stratification or offeror where I have to an applicant or efferor; If there was an appearance or real conflict of in the applicatory of efforts; (1) there was an appearance or real conflict of in the applicatory offeror; (1) any application institution where I have an institution where I may exclude the application of the origination of the application of the a
	Drinted Name	Cianabura
		Electronically signed by [] via Internet Assisted Review on 10/30/2007 11:23 AN
		I Centify Cancel (Date)
	Contact UsANetin Desk I Ethanz Metrice Discisament Accessibility Foreinstruct of Health Post Institute and Institute Accessibility Post Institute and Institute Accessibility Post Institute Access	GRANTS.GOV-
	Figure 4: Post Meeting Form Screen.	

- 2. Click the **ICertify** button to electronically sign the form.
- The system redisplays the **Post Meeting Form** screen with the reviewer's printed name and electronic signature (*see* Figure 5).

	last, first name
Printed Name	Signature
(last, first name)	Electronically signed by [] via Internet Assisted Review on 19/30/2007 11:23 AM

Figure 5: Post Meeting Form—Electronic Signature.

NOTE: Click the Cancel button to return to the **List of Meetings** screen.

NOTE: The **Post-meeting COI Form** can be re-signed when necessary. To re-sign the form, follow steps 1 and 2 above.

Post-meeting COI Form	The following list describes Post Meeting Form screen fields, links, and actions.	
Fields, Links, Actions	Field/Link/Action	Description
	List of Meetings	When clicked, displays the List of Meetings screen.
	(Hypertext Link)	
	Scientific Review Group	Identifies the meeting related to the COI certification. The system automatically determines the displayed value.

	Field/Link/Action	Description
	Date(s) of Review	The meeting's start and end date in
		Month DD, YYYY – Month DD, YYYY format.
		The system automatically determines the displayed value.
	I Certify (Action Button)	See Click the Certify button to electronically sign the form on page 7.
	Cancel (Action Button)	When clicked before signing, returns the user to the List of Meetings screen leaving the form unsigned.
	Signature	Displays the following when the form is signed:
		"Electronically signed by [Reviewer Last Name, Reviewer First Name] via Internet Assisted Review on MM/DD/YYYY HH:MI AM/PM"
		The system automatically determines the displayed name value.
Email Reminder Text	"Our records indicate that you still need to certify the Post-Meeting Conflict of Interest form for the [Meeting Identifier] meeting that took place on [Meeting Start Date]. The Federal Advisory Committee Act (FACA) requires us to file these documents in order to close out the meeting, and timely completion of this task is an essential part of my duties as the Designated Federal Official who was appointed to this meeting. Please log into your Commons account at http://commons.era.nih.gov, navigate to Internet Assisted Review, and click the Post-Meeting COI Form link next to the meeting. Click [I Certify] button on the bottom of the page after you read the form.	
	Thank you for your co- your participation in th	operation with this request. As always, we are grateful for the peer review process."
Sign the SRG Minutes/Budget Form	The SRG Minutes/Budget Form is accessed from the List of Meetings screen. SRAs sign the form; reviewers sign the form only when the "Allow eCOI Submission" option is enabled (<i>see</i> Enable/Disable eCOI Meeting-Wide Option on page 12), and the reviewer is designated as a signee by the SRA (<i>see</i> Designate SRG Minutes/Budget Signee on page 17).	
	To sign the SRG Minu	ites/Budget Form:
	1. Open the page 2).	SRG Minutes/Budget Form (see Access eCOI Forms on

• The SRG Minutes/Budget Form screen displays (see Figure 6).



The meeting was adjourned at (time HH:MM AM) 09:30 AM on (date MM/DD/YYYY) 11/30/2007

Figure 7: View of Meeting Adjourned Time and Date.



NOTE: The SRG Minutes/Budget Form can be re-signed and the Meeting Adjourned Time and Meeting Adjourned Date can be reentered. To re-sign the form, follow steps 1 through 3 above. The SRG Minutes/Budget Form screen displays all reviewers with signee **Multiple Reviewers** designation and displays the **Certify** button only for the specific designee accessing the form (*see* Figure 9). SRAs and reviewers cannot sign the form for (designees) other designees. going minutes are accurate and co Cancel (Date) Scientific Review Administrator National Institute of General Medical Sciences Special Emphasis Panel Chairperson Estimat Nutitute of General Medical Science: Special Emphasis Panel (Date) Deliperson Internal Postitute of General Reducel Sci Multiple designees (reviewers/chairpersons) (Date) Chairperson Internal Insti I Redical Sciences Special Emphasis Panel Certhy. (Date)

Pedical Sciences Special Emphasis Panel

Figure 9: Partial View SRG Minutes/Budget Form Screen (IAR0904).

The following list describes SRG Minutes/Budget Form screen fields, links, and
actions.

Form Fields, Links, Actions	actions.	actions.		
	Field/Link/Action	Description		
	Adjourned Meeting	The date the meeting was adjourned.		
	Date	The Adjourned Meeting Date must be entered before singing the form.		
		The valid format is mm/dd/yyyy.		
	Adjourned Meeting	The time the meeting was adjourned.		
	Time	The Adjourned Meeting Time must be entered before singing the form.		
		The valid format is		
		HH:MI AM/PM, for example—1:15 PM		
	SRA	The meeting's SRA first and last name.		
		The SRA field displays on the screen's lower right.		
		The system automatically determines the displayed value.		

SRG Minutes/Budget

Field/Link/Action	Description
Chairperson	The reviewer's (designated as signee) first and last name.
	The Chairperson field displays on the screen's lower left. More than one can display.
	The system automatically determines the displayed value.
I Certify (Action Button)	See Click the ICertify button to electronically sign the form on page 9.
	This button displays for reviewers designated as signees and SRAs.
Signature	Displays the following when the form is signed:
	"Electronically signed by [last, first name] via Internet Assisted Review on MM/DD/YYYY HH:MI AM/PM.
	The system automatically determines the displayed name value.
	The SRA's electronic signature displays on the SRG Minutes/Budget Form screen's lower right.
	The reviewer's (with signee designation) electronic signature displays on the SRG Minutes/Budget Form screen's lower left for each designee.
Cancel (Action Button)	When clicked before signing, returns the user to the List of Meetings screen leaving the form unsigned.

SRA/GTA—eCOI

Enable/Disable eCOI Meeting-Wide Option

The IAR Control Center now incorporates a new feature—Allow eCOI Submission. This new feature allows SRAs/GTAs to control reviewer access to eCOI forms.

To enable or disable eCOI access:

- 1. Access the **Control Center** screen in IAR.
- 2. Click the **Edit** link in the IAR Phases and Options section (*see* Figure 10).

		•				
	ſ	10	Electronic	Resea	rch Admini	stration
				(Com	mons
			ponsorea by N		Institutes o	
		Home Admin Ir	istitution Profile - F	'ersonal i	Profile Status	esnap xtrain E
Control Center						
		List of Meetings	Track COI Forms	SRG Min	utes/Budget For	m List of Applica
		Download Zip of All	Prelim-SS			
			a			
Edit IAR Phases and Options		IAR Phases and	Options Edit			
		SUBMIT Phase End	1	J	09/27/2007 11:59	PM
		READ Phase End			10/02/2007 05:00	PM
		EDIT Phase End			10/04/2007 11:59	PM
		Assignment Purge D	ate			
		Closure Date				
		Allow Unassigned Du	uring SUBMIT		Yes	
		Allow Unassigned Du	uring EDIT		Yes	
		Include Reviewer Na	ames in Pre-SS		No	
		Include Discussant/R	Reader Critiques in Pr	e-SS	Yes	
		Allow non-numeric s	cores		Yes	
		Show Subprojects in	1 IAR		Yes	
Allow eCOI Submission—Label		Create Proliminary S	ummery Statements		WHEN SUBMIT R	HASE IS OVER
and Value Display	 []	Allow eCOI Submiss	ion		No	

Figure 10: Control Center Screen Partial View (IAR0002).

• The Control Center – Edit IAR Phases and Options screen displays (*see* Figure 11).

	Electronic Research Administration	Wetcome Institution:
	Sponsored by National Institutes of Health	on 2.19.2.1
	Home Admin Institution Profile Personal Profile Status eSNAP xTrain FSR Internet Ass Control Center - Edit IAR Phases and Options	sisted Review Links eRA Partners Help
Allow eCOI Submission_	Enter or Change Phase Dates and Meeting Wide Options. Press Update to continue.	
Default Value is "Ne"	Allow Reviewers to Submit Unassigned Critiques in the SUBMIT phase	Yes No
Dejauli value is No	Allow Reviewers to Submit Unassigned Critiques in the EDIT phase	⊛Yes ◯No
l l	Include Reviewer Names in Preliminary Summary Statement bodies	O Yes ⊙ No
OVec ONe	Allow non-numeric score submission	Yes ○No
Cites Cinu	Show Subprojects in IAR	⊙ Yes ◯ No
	Create Preliminary Summary Statements	WHEN SUBMIT PHASE IS OVER
	Allow eCOI Submission	⊖ Yes ⊗ No
	SUBMIT Phase End Date/Time (MM/DD/YYYY HH:MM AM)* (2)	09/27/2007 11:59 PM
	READ Phase End Date/Time (MM/DD/YYYY HH:MM AM)* 📀	10/02/2007 05:00 PM
	EDIT Phase End Date/Time (MW/DD/YYYY HH:MM AM) (2)	10/04/2007 11:59 FM
	Assignment Purge Date (will be set to 15 days after meeting release)	
	Closure Date (will be set to 6 months after meeting release)	
	Updete Cancel	
	Assignment Purge Date: Assignment information (reviewers, assignments to applications, and conflicts) is on Closure Date: All data in IAR corresponding to the meeting is deleted (orifiques, preliminary score)	deleted. is, etc.)
	Contact UsHelp Desk Privacy Notice Disclaimer Accessibility National Institutes of Health (NIH) Department of Health © 2007 NIH. All Rights	s Reserved.
	9000 Rockville Pike Bethesda, Maryland 20892 Arr and Human Senices Screen Renderod: 12 Screen Renderod: 12	V03/2007 12:11:27 EST GRANTS.GOV"
Track eCOI Forms	IAR eCOI features include a new Trac SRAs/GTAs to monitor eCOI reviewe To access the Track Conflict of Inter screen:	I Submission default value is No.
	1. Click the <u>Track COIFe</u> column (<i>see</i> Figure 12).	Veccome Installation: Authority: Locald Authority: Locald
	This is a the top of the Meeting List screen in IAR.	
	Council* (YYYY/MM) SRG Code / Flex SRA Designator / Flex Group SRA	Last Name
and COLEsses L. 1		
rack COI Forms Link	Search	
Action	All times are in Eastern Standard Time/ Eastern Davlight Time.	
Action		1 - 50 out of 216 records Prev 1 2 3 4 5 Next
	Meeting Meeting Dates/Location SRA.Name Phase Critic	gue Due End End # of Appls Action
	SS PREP 000	08/2007 08/23/2007 0 Control Center 1000 PM 05/00 PM Track COL Forms
Track COL Forms		SRC_MinutesPludgetForm List of Applications: By Application By Reviewer
THE WORLD WITH STATES		Simple List of Applications Preliminary Score Maldy
		Final Scores Download Zip of All Pre-SS

Figure 12: List of Meetings Screen (IAR0001).

• The **Track Conflict of Interest Forms** screen displays (*see* Figure 14).

To access the **Track Conflict of Interest** screen from the **Control Center** screen:

1. Click the **Track COI Forms** link (*see* Figure 13).



Critiques Due

Field/Link/Action	Description			
List of Meetings	When clicked, displays the List of Meetings screen.			
(Hypertext Link)				
Control Center	When clicked, displays the Control Center screen.			
(Hypertext Link)				
Pre-meeting COI Form-Page 1	When clicked, displays a report consisting of the Pre- meeting COI Form-Page 1 for each meeting reviewer.			
(Hypertext Link)	The reviewer's signature displays for each reviewer that signed the form.			
	See Pre-meeting COI Form-Page 1 on page 19.			
Post-meeting COI Form	When clicked, displays the Post-meeting COI Form listing all meeting reviewers. The reviewer's signature displays for each reviewer that signed the form.			
(Hypertext Link)	See Post-meeting COI on page 20.			
Pre-meeting COI Form-Page 2-3 (Fed)	When clicked, displays rules and information related to COI certification for federal employees.			
(Hypertext Link)				
Pre-meeting COI Form-Page 2-3 (non- Fed)	When clicked, displays rules and information related to COI certification for non-federal employees.			
(Hypertext Link)				
Conflict Report (Hypertext Link)	When clicked, displays a list of meeting reviewers and COI information.			
	See Conflict Report on page 21.			
Reviewer Name	The reviewer's last and first name.			
(Hypertext Link)	When the listed reviewer is designated as "Mail/Outside Opinion Reviewer" in the Committee Management system, a "(Mail)" label displays adjacent to the reviewer's name.			
	The Reviewer Name links can be sorted. The default sort is by last and first name in ascending order.			
	Clicking a specific reviewer name displays the IAR List of Applications for Reviewer screen for that individual (<i>see</i> View Specific Reviewer's List of Applications on page 17).			

Field/Link/Action	Description
User ID	The reviewer's Commons User ID.
Pre-Meeting COI Form (Signed Date)	The date and time that the reviewer signed the Pre- Meeting COI form.
	A blank value indicates no form signature.
	The Pre-Meeting COI Form Signed Date field can be sorted.
Post-Meeting COI Form (Signed Date)	The date and time that the reviewer signed the Post- Meeting COI form.
	A blank value indicates no form signature.
	The Post-Meeting COI Form Signed Date field can be sorted.
	NOTE: This field is not applicable to reviewers designated as "Mail/Outside Opinion Reviewer" in the Committee Management system.
SRG Minutes/Budget Signee (Date Signed) (Hypertext Link) "Designate"(default) — Or — "Clear"	Clicking " Designate " triggers the system to designate the adjacent reviewer as the SRG Minutes/Budget form signee and changes the field's display value to " Clear ": Clicking " Clear " triggers the system to remove the adjacent reviewer's SRG Minutes/Budget form signee designation and changes the field's display value to " Designate ".
	NOTE: See Designate SRG Minutes/Budget Signee on page 17, — Also — see Sign the SRG Minutes/Budget Form on page 8.
Action (Hypertext Link) "Pre-meeting COI Form Page 1"	When clicked, displays the Pre-meeting COI Form- Page 1 for the adjacent reviewer.

View Specific Reviewer's List of Applications

The following information was removed from Figure 16 to maintain data privacy:

Reviewer Name Meeting Title Meeting Identifier Meeting Phase Reviewer PI Name Application

Designate SRG

Minutes/Budget

Signee

The existing IAR List of Applications for Reviewer screen displays when the **Reviewer Name** is clicked on the **Track Conflict of Interest Forms** screen (*see* Figure 16, also *see* **Reviewer Name** on page 15).

	Co	mmo	200	N			Institution:		
CRA		mmo	ns)			Authority:		1
Home Admin Institution Profil	Personal Profile	tatus eSNAP xT	rain FSR Inte	Vesion 2.13.3.1 ernet Assisted Review Link	s eRA Partners Help				
List of Applications	for Reviewer			0					
Meeting Title:					Meeting Dates:		12/05/2007-	12/25/2007	
Meeting Identifier:					Critiques Due:		09/28/2007	10:00 PM	
Meeting Phase:	READ 🥝						Eastern Stand	ard Time / Eastern Daylig	ht Time
ist of Meetings Control Center	List of Applications	By Application	By Reviewer	Simple List of Applications	Preliminary Score Matrix	Final Scores	Meeting Materi	als	
iew All Meeting Critiques: <u>By App)</u> , By	PI Download Zip of	All Pre-SS	PLN	lame			Prelim		
Reviewer			[Parent Ap	plication PI]	llew Pl Role	Application	Score	Submitted Date	Action
lew All (PDF)					Y Sec1				(sub-mit)
	y conflicts or assignm	ent discrepancies vi	ith Internet As:	sisted Review					
	conflicts or assignm	nt discrepancies vi	ith Internet As	sisted Review					
Contact UMHMB Dass 1 Privace N	conflicts or assignm	nt disorgancies vi	ith Internet As	nited Review					

Figure 16: List of Applications for Reviewer – (Reviewer Name) Screen (IAR0007).

One or more reviewers listed on the **Track Conflict of Interest Forms** screen can be designated as a SRG Minutes/Budget Signee.

To designate a reviewer:

1. Click the **Designate** link adjacent to a listed reviewer (*see* Figure 17).

Designate Link	Electronic Research Administration CONTRACTON NOT Supervised by National Institutes of Health Sponiored by National Institutes of Health Home Admin Institution Portile Possimal Portile Status eSNAP Strain FSR Internet September 2021	Welcome Institution: Authonty: Losco Help
(Date Signed)	Track Conflict of Interest Forms Meeting Title: Meeting Dat Meeting Inter: Critiques Du Critiques Du	es: 12/05/2007-12/25/2007 e: 12/05/2007 10:00 PM
Designate	Meeting Phase: SUBMIT 🥹	Eastern Standard Time / Eastern Daylight Time
Designate	List of Meeting: Control Center Pre-meeting COI Form-Page 1 Post-meeting COI Form Pre-meeting COI Form-Page 2-3 (Fed) P	e-meeting COI Form-Page 2-3 (non-Fed) Conflict Report
Designate	Reviewer liame User ID Pre-Neeting-COLEarm Post-Meeting COLForm Signed Date S	SRG Minutes:Budget Signee Action (Date Signed) Action
Designate		Designate Pre-meeting COLForm-Page 1 Designate Pre-meeting COLForm-Page 1
		Designate Promeeting COI Form-Page 1
·		Detignate Pre-meeting CRI Form-Page 1

Figure 17: Track Conflict of Interest Screen Partial View (IAR0900).

NOTE: The **Meeting Title**, **Meeting Identifier**, **Meeting Phase**, **Reviewer Name**, and **User ID** values were removed from Figure 17 to maintain data privacy.

The system performs the following:

- Designates the selected reviewer as the SRG Minutes/Budget signee.
- Changes the SRG Minutes/Budget Signee column value to <u>Clear</u> for the selected reviewer (*see* Figure 18).

SRA/GTA—eCOI

Click Clear to remove a designation.

SRG Minutes/Budget Signee (Date Signed)
<u>Clear</u>
Designate
Designate

Figure 18: Track Conflict of Interest Screen Partial View (IAR0900).

Remove Designation

To remove a SRG Minutes/Budget Signee designation:

1. Click the **<u>Clear</u>** link adjacent to a listed reviewer (*see* Figure 18).

The system performs the following:

- Removes the reviewer's SRG Minutes/Budget designation.
- Changes the SRG Minutes/Budget Signee column value to **Designate** for the selected reviewer.

See Sign the SRG Minutes/Budget Form on page 8.

Sign the SRG Minutes/Budget Form

Pre-meeting COI Form-Page 1

Name information was removed from Figure 19 to maintain data privacy.

	APPLICATIONS AND R&D CONTRACT PROPOSALS	VERS OF GRANT
Name (Last, First)	l:	
Address:	(Please print) Department of Nutritional Sciences College of Natural Resources University of California. Berkelev	
	Berkeley, CA 94720	
Other Employers	(if applicable):	
Scientific Review	Group:	
Date(s) of review:	December 05, 2007 - December 25, 2007	
Check only one	(and provide any comments or explanations on reverse side):	
L have read Reviewers' information	I the attached "DHHS Conflict of Interest, Confidentiality, and Non-Disclosure Rules and Info and have examined the list of applications/proposals to be reviewed, and hereby certify that provided to me, I do not have a conflict of interest in any of them.	rmation for t, based on the
	OR	
For grant a Rules and the informa from their r	application reviews only: I have read the attached "DHHS Conflict of Interest, Confidential Information for Reviewers' and examined the list of applications to be reviewed and hereby ation provided, I have a conflict of interest in the specific applications listed below and I review.	ty, and Non-Disclosure certify that, based on nereby recuse myself
	OR	
Disclosure based on ti	tot proposal reviews only: I have read the attached 'DHHS Conflict of Interest, Confidential Rules and Information for Reviewers' and examined the list of proposals to be reviewed and he information provided. I have a conflict of interest in the specific proposals listed belo	ity, and Non- hereby certify that w and hereby recuse
mysen non	n their reviews (requires a waiver to participate in review meeting).	
am in conflict wit	n mer reviews (requires a waiver to participate in review meeting). th the following applications/proposals (identify applications by number and identify proposal	s by name of offeror)
am in conflict wit	n mer reviews (requires a warver to participate in review meeting). th the following applications/proposals (identify applications by number and identify proposal: 	s by name of offeror)
l am in conflict wit	In their reviews (requires a warver to participate in review meeting). th the following applications/proposals (identify applications by number and identify proposals	s by name of offeror)
am in conflict wit	In their reviews (requires a warver to participate in review meeting). th the following applications/proposals (identify applications by number and identify proposal)	s by name of offeror)
I am in conflict wi	In their reviews (requires a warver to participate in review meeting). th the following applications/proposals (identify applications by number and identify proposals	s by name of offeror)
Certification Certification Certify that I have Reviewers." Unde disclosed all confi dential natur materials associal Socientific Review award of a contra	e read the attached "DHHS Conflict of Interest, Confidentiality, and Non-Disclosure Rules and Full Science Rules and Rules Rules and Rules Rules Rules and Rules Rules Rules Rules Rules and Rules	d Information for y knowledge I have derstand the disclose or discuss the authorized by the mation prior to the official.
Certification Certification I certify that I have Reviewers." Under Solontial natur materials associa Solentific Review award of a contra Signature:	In their reviews (requires a waiver to participate in review meeting). th the following applications/proposals (identify applications by number and identify proposals e read the attached 'DHHS Conflict of Interest, Confidentiality, and Non-Disclosure Rules an ar penalty of perjury (US Code Title 18 chapter 47 section 1001). I certify that to the best of m its of interest with the applications or Rule Donttact proposals and I fully un e of the review process and agree. (1) to destroy or return all materials related to it. (2) not to with any other view meeting with any other designated DHHS official; (3) not to disclose procurement infor ct; and (4) to refer all inquiries concerning the review to the SRA or other designated DHHS i	a by name of offeror)
Certification Certification Certification Certify that I have Reviewers: Unde disclosed all confidential natur materials associal Solentific Review award of a contra Signature:	In their reviews (requires a waiver to participate in review meeting). th the following applications/proposals (identify applications by number and identify proposals the the following applications/proposals (identify applications by number and identify proposals te read the attached "DHHS Conflict of Interest, Confidentiality, and Non-Disclosure Rules an ar penalty of perjury (US Code Title 18 chapter 47 section 1001). I certify that to the best of m loss of interest that I may have with the applications or R&D contract proposals and I fully un ted with the review, my evaluation, or the review meeting with any other individual except as Administrator (SRA) or other designated DHHS official; join to to disclose procurement infor tct; and (4) to refer all inquiries concerning the review to the SRA or other designated DHHS (d Information for y knowledge I have derstand the disalose or discuss the authorized by the mation prior to the official.
Certification Certification Certification I certify that I have Reviewers. ¹ Unde disclosed all confidential natur materials associal Solentific Review award of a contra Signature:	In their reviews (requires a waiver to participate in review meeting). th the following applications/proposals (identify applications by number and identify proposals the following applications/proposals (identify applications by number and identify proposals e read the attached 'DHHS Conflict of Interest, Confidentiality, and Non-Disclosure Rules an er penality of perjury (US Code Title 18 chapter 47 section 1001), I certify that to the best of m folds of minerest that I may have with the applications or R8D contract proposals and I fully unit of the review process and agree: (1) to destroy or return all materials related to it: (2) not to ed of the review process and agree: (1) to destroy or roturn all materials represent and I willy unit administrator (SRA) or other designated DHHS official; 3) not to disclose procurement infor t; and (4) to refer all inquiries concerning the review to the SRA or other designated DHHS (d Information for y knowledge I have direstand the disalose or disouss the authorized by the mation prior to the official.
Certification Certification I certify that I have Reviewers." Understal nature Solicitation all contra Solicitific Review award of a contra Signature:	In their reviews (requires a waiver to participate in review meeting). th the following applications/proposals (identify applications by number and identify proposals e read the attached 'DHHS Conflict of Interest, Confidentiality, and Non-Disclosure Rules an er penalty of perjury (US Code Title 18 chapter 47 section 1001), i.cerity that to the best of m itos of interest with the applications or RBD contract proposals and I fully un e of the review process and agree; (1) to destroy or return all materials related to it; (2) not to ted with the review process and agree; (1) to destroy or return all materials related to it; (2) not to ted with the review to the signated DHHS of float; (3) not to disclose procurement infor ct; and (4) to refer all inquiries concerning the review to the SRA or other designated DHHS i Date	d Information for y knowledge I have derstand the disclose or discuss the authorized by the mation prior to the official.

Figure 19: Pre-meeting COI Form-Page 1.

NIH/OER/OEP (1/12/2005)

NOTE: Clicking the **Pre-meeting COI Form-Page 1** link on the **Track Conflict of Interest Forms** screen displays the form for all meeting reviewers.

Clicking the <u>Pre-meeting COI Form-Page 1</u> link in the Action column for a specific reviewer, displays the form for that reviewer.

Post-meeting COI

ŭ	NIH/OER/OEP 1/12/2005 REGARDING CONFLICT OF IN FEDERAL AND FEDERA	DHHS POST-REVIEW CERTIFICATION FO ITEREST, CONFIDENTIALITY, AND NON-DISCL IL REVIEWERS OF GRANT APPLICATIONS ANI	IRM OSURE OF INFORMATION FOR NON- D R&D CONTRACT PROPOSALS
	Scientific Review Group: Date(s) of review:	cember 05, 2007 - December 25, 2007	
	A. Confidentiality and Non-Disclos return all materials related to the eval the review meeting outside of that me (SRA) or other DHIS designated offi- all inquiries concerning the review to B. Conflict of Interest For Non-Fed evaluation of any application or propo or where I am negotiating for such en direct financial benefit in relation to th the applicant institution or offeror or p proposal under review; (3) submitted person receives financial benefits fro conflict of interest, or (4) any application of the evaluation of the evaluation.	ure: I fully understand the confidential nature of the uation; (2) not to disclose or discuss the materials leting or with any other individual except as authori sai; (3) not to disclose procurement information pi the SRA or other designated DHHS official. eral Reviewers: This is to certify that in the review sai; (1) from any applicant institution or offer whe pioyment; (2) from any applicant institution or offer e application or proposal under review or have reo by a close personal relative. a member of my hous nor provides financial benefits to an applicant or on submitted by my former (within the past year) e	review process and agree: (1) to destroy or associated with the review, my evaluation, or zed by the Scientific Review Administrator for to the award of a contract; and (4) to refer identified above. I did not participate in an ire I am a full- or part-time salaried employee for where I have received or could receive a elved or could receive a financial benefit from year that is unrelated to the application or jehold, or professional associate, or if such feror. If there was an appearance or real employer I recuised myself from the review of
	c. Conflict of Interest For Federal r evaluation from (1) any applicant insti director, trustee or partner; (3) any ap spouse, and my minor child hold, in a employed; (6) any application submit business or other contractual relation (within the past year) non-Federal en of the application/proposal or was gra	eo an appropriate waiver. eviewers: This is to certify that in the review ident titoin where I have an outside activity; (2) any app ploiant institution where I am seeking employment geregate, more than \$15,000 worth of stock; (3) ar web ya close personal relative, a member of my h ship, the employer of my spouse, parent, or child, i ployer. If there was an appearance or actual confli- nted an appropriate waiver.	fied above, I did not participate in an licant institution where I serve as an officer, ; (4) any applicant institution in which I, my ty applicant institution where my spouse is ousehold, a colleague with whom I have a or (7) any application submitted by my former ict of interest, I recused myself from the review
	Under penalty of perjury (US Code T and agree to confidentiality and non- evaluation of any application or prop	CERTIFICATION itle 18 Chapter 47 section 1001). I fully understanc disclosure (Paragraph A) and certify that in the rev osal with which I knowingly had a conflict of interest	I the confidential nature of the review process few above I did not participate in an st (Paragraph B or C).
	Printed Name	Signature	
Name information was removed from Figure 20 to maintain data privacy.			
	REV6245	Page 1	DEC-07-07 07:34 AM

Figure	20:	Post-meeting	COI.
--------	-----	--------------	------

Conflict Report

The following information was removed from Figure 21 to maintain data privacy:

Council (identifier) SRA (name) Application (identifiers) PI Name Conflicts



Figure 21: Conflict Report.

Grant Application Reviewers— Confidentiality and Non Disclosure Rules

NIH/OER/OEP (01/12/2005) NIH CONFLICT OF INTEREST, CONFIDENTIALITY AND NON DISCLOSURE RULES: INFORMATION FOR REVIEWERS OF GRANT APPLICATIONS AND R&D CONTRACT PROPOSALS As reviewers themselves are most familiar with their own situations, it is their personal responsibility: (1) to alert the Scientific Review Administrator (SRA) to any possible conflict of interest situation, whether real or apparent, that may impact on the review, and (2) to identify and certify on the pre-meeting and post-meeting Conflict of Interest Certification Forms associated with this information sheet, (a) any application where they have a conflict of interest, and (b) that they will not be, and have not been, involved in the review of any application where their participation constitutes a conflict of interest. Reviewers must also certify that they will maintain the confidentiality of the proceedings and associated materials and that they will not disclose to another individual any matter or information related to the review proceedings. In addition, the NIH may determine that a particular situation involves a conflict of interest and require that the potential reviewer not be involved in the review of the application(s) or proposal(s) in Where permissible by regulation, the agency head (Director, NIH), or his/her designee may grant a waiver relating to the real conflict of interest requirements. Before a waiver can be granted, it must be determined that there are no other practical means for securing appropriate expert advice to provide a competent review of an application or proposal, and that the real conflict of interest is not so substantial as to be likely to affect the integrity of the advice to be provided by the reviewer All reviewers are covered by this information sheet and associated Certification Forms. Membership on a scientific an object of the second second second second second associated of the second se of Scientific Counselors, or Program Advisory Committees. When Federal Employees serve as reviewers, they are, in addition, covered by 18 USC 201-216, 5 CFR Part 2635, 5CFR Part 5501, and Executive Order 12674 as amended. The Public Health Service Act allows up to 25% of a scientific review group to be Federal employees. There are several bases for a conflict of interest: employment, financial benefit, personal relationships, professional relationships or other interests. If applicable, any one condition may serve to disqualify a reviewer from participating in the review of an application or proposal. A conflict of interest may be real or apparent. The following guidance and definitions, derived from federal regulations governing the Scientific Peer Review of Research Grant Applications and Research and Development Contract Projects (42 CFR Part 52h), will assist you in determining whether you are faced with a real or apparent conflict of interest. The guidance is not all-inclusive, due to the variety of possible conflicts of interest. Therefore, it is important that you should consult the SRA in charge of the meeting when there is any question about your participation in a review. GUIDANCE AND DEFINITIONS A Conflict Of Interest in scientific peer review exists when a reviewer has an interest in a grant or cooperative agreement application or an R&D contract proposal that is likely to bias his or her evaluation of it. A reviewer who has a real conflict of interest with an application or proposal may not participate in its review. Real Conflict Of Interest means a reviewer or a close relative or professional associate of the reviewer has a financial or other interest in an application or proposal that is known to the reviewer and is likely to bias the reviewer's evaluation of that application or proposal as determined by the SRA managing the review, as acknowledged by the reviewer, or as prescribed by 42 CFR 52h as follows: A reviewer shall have a real conflict of interest if he/she or a close relative or professional associate of the reviewer (1) has received or could receive a direct financial benefit of any amount deriving from an application or proposal under review; (2) has received or could receive a financial benefit from the applicant institution, offeror or principal investigator that in the aggregate exceeds \$10,000 per year (for reviewers who are federal employees the amount is \$15,000 per year); this amount includes honoraria, fees, stock or other financial benefit, and additionally includes the current value of the reviewer's already existing stock holdings, apart from any direct financial benefit deriving from an application or proposal under review: or (3) has any other interest in the application or proposal that is likely to bias the reviewer's evaluation of that application or proposal. Regardless of the level of financial involvement or other interest, if the reviewer feels unable to provide objective advice, he/she must recuse him/herself from the review of the application or proposal at issue. The peer review system relies on the professionalism of each review rot identify to the SRA any real or apparent conflicts of interest that are likely to bias the reviewer's evaluation of an application or proposal. Employment: A reviewer who is a salaried employee, whether full-time or part-time, of the applicant institution, offeror regard to an application/proposal from that organization or principal investigator. The Director of NIH or designee may determine there is no real conflict of interest with 1



NIH/OER/OEP (01/12/2005)

components of a large or multi-component organization are sufficiently independent to constitute, in effect, separate organizations, provided that the reviewer has no responsibilities at the institution that would significantly affect the other component. Membership on a scientific review group does not make an individual an employee or officer of the Federal Government.

Financial Benefit: See definition of Real Conflict of Interest above.

Personal Relationships (Relatives): A close relative means a parent, spouse, sibling, son or daughter or domestic partner. A conflict of interest exists if a close relative of a reviewer submits an application or proposal, or receives or could receive financial benefits from or provides financial benefits to an applicant or offeror. In such case, it will be treated as the reviewer's financial benefit.

Professional Associates: Professional associate means any colleague, scientific mentor, or student with whom the peer reviewer is currently conducting research or other significant professional activities or with whom the member has conducted such activities within three years of the date of the review.

Standing Review Group Membership: When a scientific review group meets regularly, a relationship among the individual members exists; therefore, the group as a whole may not be objective about evaluating the work of one of its members. In such a case, a member's application or proposal will be reviewed by another qualified review group to insure that a competent and objective review is obtained.

Longstanding Disagreements: A conflict of interest may exist where a potential reviewer has had longstanding scientific or personal differences with an applicant.

Multi-Site Or Multi-Component Project: An individual serving as either the principal investigator or key personnel on one component of a multi-site or multi-component project has a conflict of interest with all of the applications or proposals from all investigators or key personnel associated with the project. The individual should be considered a professional associate when evaluating applications or proposals submitted by the other participants in the project.

Request For Applications (RFA) Or Request For Proposals (RFP): Persons serving as the principal investigator or key personnel on an application submitted in response to an RFA or on a proposal in response to an RFP are generally considered to have a conflict of interest with all of the applications or proposals submitted in response to the RFA or RFP. However, if no other reviewer is available with the expertise necessary to ensure a competent and fair review, a waiver may be granted by the Director of NIH or his/her designee that will permit an individual to review only those applications or proposals with which he/she has no conflict of interest that is likely to affect the integrity of the advice to be provided by the reviewer.

Appearance Of A Conflict Of Interest means that a reviewer or close relative or professional associate of the reviewer has a financial or other interest in an application or proposal that is known to the reviewer or the SRA managing the review and would cause a reasonable person to question the reviewer's impartiality if he or she were to participate in the review. The SRA will evaluate the appearance of a conflict of interest and determine whether or not the interest would likely bias the reviewer's evaluation of the application or proposal. Where there is an appearance of conflict of interest, but not sufficient grounds for disqualifying the reviewer, the SRA in charge of the review will document: (1) that there is no real conflict of interest, and (2) that, at the time of the review, no practical alternative exists for obtaining the necessary scientific advice from the reviewer with the apparent conflict.

Waivers If no other reviewer is available with the expertise necessary to ensure a competent review, a waiver may be granted by the Director of NIH or his/her designee to allow participation in the review.

CONFIDENTIALITY AND NON-DISCLOSURE OF MATERIALS AND PROCEEDINGS

The applications and proposals and associated materials made available to reviewers, as well as the discussions that take place during review meetings are strictly confidential and must not be disclosed to or discussed with any one who has not been officially designated to participate in the review process. In addition, disclosure of procurement information prior to the award of a contract is prohibited by the Procurement Integrity Act.

CERTIFICATION

All reviewers must certify that they have read these instructions on "NIH Conflict of Interest, Confidentiality, and Non-Disclosure Rules and Information for Reviewers." Under penalty of perjury (US Code Title 18 chapter 47 section 1001), the reviewer must certify that, to the best of his/her knowledge, he/she has disclosed all conflicts of interest that he/she may have with the applications or R&D contract proposals and he/she fully understands the confidential nature of the review process and agrees: (1) to destroy or return all materials related to it; (2) not to disclose or discuss the materials associated with the review, their evaluation, or the review meeting with any other individual except as authorized by the SRA or other designated NIH 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 NIH official.

2

Figure 23: Conflict of Interest Rules Continued.