

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

Name [Last, First]: \_\_\_\_\_  
(please print)

Address: \_\_\_\_\_

Other Employers (if applicable): \_\_\_\_\_

Scientific Review Group: \_\_\_\_\_

Date(s) of review: \_\_\_\_\_

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

I have read the attached "NIH 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.**

**OR**

**For grant application reviews only:** I have read the attached "NIH 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.

**OR**

**For contract proposal reviews only:** I have read the attached "NIH 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification**

I certify that I have read the attached "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), 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 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_