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These guidelines are intended to serve as a basic road map for conducting a program review from start to finish. These guidelines should change over time as reviewers become more attuned to issues that occur in NIH ethics programs, as regulations change, or as you want to focus on other elements of the program. In Reviewers can find process and policy resources that walk them chronologically through their review tasks, while scientific review officers can find the latest review guidelines and policy documents. Applicants can get a sense of the key elements reviewers are looking for in their grant applications.

NIH ETHICS OFFICE PROGRAM REVIEW GUIDELINES

A periodic review of a fellow's progress in the laboratory is helpful for both the trainee and the mentor to ensure that training goals will be achieved. The following list provides topics that should be discussed in annual progress reviews with the trainee. Enclosed also are sever-

al annual progress evaluations used by different Institutes that are provided as possible templates.

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As defined in Step 2 these are: significance, approach, innovation, investigator and environment. Other criteria may be considered for other grant mechanisms. For an overview of the instructions given to reviewers for assessment of NIH grant applications see Review Guidelines. Identifying the Most Appropriate Review Committee for Your Grant

To learn more about peer review at NIH, see the Center for Scientific Review's Insider's Guide to Peer Review for Applicants and Insider's Guide to NIH Peer Review for Reviewers, and the Office of Extramural Research's NIH Reviewer Orientation. Know What a Summary Statement Means. After the meeting, all reviewed applications receive an overall impact score and summary statement prepared by the SRO.

Reviewers | eRA

Additional information on the appeals of

initial review can be found in the NIH Guide Notices NOT-97-232: Appeals of Initial Scientific Peer Review, NOT-OD-11-064: Appeals of NIH Peer Review, and NOT-OD-11-101: Resubmission of Applications with Pending Appeals of NIH Initial Peer Review.

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Guidelines & Templates | NIH Center for Scientific Review

Rapid Review of Human Subjects Research Related to the SARS-CoV-2 Pandemic Donating Personal Protective Equipment (PPE) and COVID-19 Testing Supplies Exceptional Use of IC Funds for Per Diem Quarantine for Non-FTE Trainees (VF/IRTA/CRTA)

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Review Guidelines | grants.nih.gov

“Clinical practice guidelines are systematically developed statements to assist

practitioner and patient decisions about appropriate health care for specific clinical circumstances.”(Institute of Medicine, 1990) Issued by third-party organizations, and not NCCIH, these guidelines define the role of specific diagnostic and treatment modalities in the diagnosis and management of patients.

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Guidelines & Templates | NIH Center for Scientific Review

Important note: Critique templates are no longer located on this website. The templates have been moved to the Critique Templates for Review page on the NIH Extramural Intranet, where they are accessible only by NIH staff. Note to Reviewers: These documents are provided as general reviewer orientation to NIH peer review. For meeting specific information, please rely on the documents

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Reviewers Instructions for reviewers on navigating and using the Internet Assisted Review (IAR) module for their review of grant applications before, during and after the review meeting. This page provides information on how to use eRA systems.

Reviewers | eRA

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Guidelines for Annual Progress Review of Trainees | NIH ...

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Design Requirements Manual (DRM) establishes policy, design requirements, standards and technical criteria for use in planning, programming, and designing NIH owned, leased, operated, and funded buildings and facilities. The DRM is the only detailed design requirements and guidance manual of its kind.

Design Requirements Manual (DRM)

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Clinical Practice Guidelines | NCCIH

Trustworthy guidelines should be based on a systematic evidence review, developed by panel of multidisciplinary experts, provide a clear explanation of the logical relationships between alternative care options and health outcomes, and provide ratings of both the quality of evidence and the strength of the recommendations.

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