Agenda Item 11 Appendix D April 7, 2005 ICOC Meeting

CIRM POST- REVIEW CERTIFICATION FORM Regarding CONFLICT OF INTEREST, CONFIDENTIALITY, AND NON-DISCLOSURE OF INFORMATION for REVIEWERS OF GRANT APPLICATIONS

Grant Review Group:	
Date(s) of review:	
destroy or return all materials related to the evaluati review, my evaluation, or the review meeting outside	lerstand the confidential nature of the review process and agree: (1) to on; (2) not to disclose or discuss the materials associated with the e of that meeting or with any other individual except as authorized by nated official; (3) to refer all inquiries concerning the review to the
	This is to certify that in the review identified above, I did not posal that violated the conflict of interest policies of CIRM as outlined eview Working Group Members".
	CERTIFICATION
of the review process and agree to confidentiality a	of the State of California, that I fully understand the confidential nature and non-disclosure (Paragraph A) and certify that in the review above ion or proposal with which I knowingly had a conflict of interest.
Printed Name	Signature