



Agenda Item # 15 iii
DRAFT for 12/7/06 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: _____

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 CIRM Facilities Working Group Staff or other CIRM designated official; (3) to refer all inquiries concerning the review to the designated CIRM official.

B. Conflict of Interest for Californian Reviewers: This is to certify that in the review identified above, I did not participate in an evaluation of any application or proposal that violated the conflict of interest policies of CIRM as outlined in the "Conflict of Interest Policy for CIRM Facilities Working Group Members".

CERTIFICATION

I declare, under penalty of perjury under the laws of the state of California, that 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 proposal with which I knowingly had a conflict of interest.

Printed Name

Signature

_____	_____
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