**O-K Review Mock Study Section Cover Sheet**

**Department of Medicine Applicants**

Please complete and attach with the submission of your Specific Aims. This document is for Department of Medicine-related applications submitted for SD CFAR O-K Review. See [website](https://cfar.ucsd.edu/en/grants/o-k-review/) for HIV-related forms. ***All fields are required.***

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| --- | --- |
| **Applicant Name:** |  |
| **Pronouns:** |  |
| **Applicant Email Address:** |  |
| **Applicant Academic Title:** |  |
| **Department / Division:** |  |
| **Title of Application:** |  |
| **Application Due Date:** |  |
| **Type of Application (K01, R01, R21, etc.):** |  |
| **NIH Institution (NIAID, NHLBI, etc.):** |  |
| **Link to Funding Announcement (RFA, FOA, etc.):** |  |
| **Is this application related to a Notice of Special Interest (NOSI)?** Yes/No  *If yes, please provide details and link to NOSI* |  |
| **Is this this application a resubmission to NIH?** Yes/No  *If yes, please provide details such as status (scored, not discussed, etc.) and brief notes summarizing substantive changes made to the revised application. Additionally, please include the NIH summary statement, introduction, and revised application with marked changes when you submit your application documents for O-K Review.* |  |
| **Has this application been previously submitted for O-K Review?** Yes/No  *If yes, was the prior application submitted to NIH? Provide any details that will be useful for this review.* |  |
| **Have you submitted to O-K Review in the past for a different application?**  *If yes, please provide details and outcome of submission (not submitted, scored, not discussed, etc.)* |  |
| **General Research Area:** |  |
| **Mentor’s Name(s):** |  |
| **All co-investigators and consultants on this application:** |  |
| **Recommended reviewers for this draft** (list at least 3):  *Please provide email addresses if outside of UC San Diego.* |  |
| **Additional Notes** |  |