REVIEWER SUGGESTIONS BY PI FOR MERIT REVIEW PROPOSAL

→ Please type reviewer information in the spaces provided below. ←
Mail to Program Review (121 F) VACO under separate cover by 6/23 or 12/23.
(Use additional sheets as needed)

FACILITY NAME: SFVAMC--662

PRINCIPAL INVESTIGATOR:

REVIEWERS USED FOR THIS ROUND FOR LOCAL PRE-REVIEW (not from your facility or affiliate):

1. Name:
   Academic Affiliation and Title:

2. Name:
   Academic Affiliation and Title:

3. Name:
   Academic Affiliation and Title:

SUGGESTED REVIEWERS *(not from your facility or affiliate. Do not contact them beforehand)*

1. Name:
   Academic Affiliation and Title:
   Address:

   Ph # Fax # email:

2. Name:
   Academic Affiliation and Title:
   Address:

   Ph # Fax # email:

3. Name:
   Academic Affiliation and Title:
   Address:

   Ph # Fax # email:

REVIEWERS NOT TO BE USED:

1. Name:
   Address:

2. Name:
   Address: