**Reviewer Suggestion Form**

Please complete one questionnaire for each suggested reviewer

**For level 3 reviews, reviewers may be linked to Imperial College and/or its related hospitals but not involved in your research in any way.**

**For level 4, at least one reviewer must be external to Imperial College and its related hospitals.**

**For NIHR projects, all reviewers must be external to IC and its related hospitals.**

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| --- | --- | --- |
| Project title |  | |
| Chief Investigator |  | |
| Peer Review number |  |  |

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| **Suggested Reviewer** | |
|  |  |
| Name |  |
| Position |  |
| Address |  |
| Email address |  |
| Telephone number |  |

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| --- | --- | --- | --- |
|  | | Yes | No |
| Have you and the suggested reviewer worked in the same NHS trust or university/college in the last three years? | |  |  |
| If yes, please specify |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Yes | No |
| Has the suggested reviewer had any involvement with this project? | |  |  |
| If yes, please specify |  | | |

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| --- | --- | --- | --- |
|  | | Yes | No |
| Has the suggested reviewer carried out scientific work, clinical research, clinical practice or other work in the field of this proposed project or in a related area in the last five years? | |  |  |
| If yes, please specify |  | | |

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