

NIH Office of Intramural Research (OIR)

Manuscript Review Form

All manuscript review forms (whether printed or completed online) must capture the following information.

I. General Information

ID Number (Assigned by your IC):

Date of Request:

Name of Requestor (Last name, First name):

Requestor's Telephone Number:

Requestor's E-mail Address:

II. Manuscript Information

Type of manuscript:

☐ Journal ☐ Book ☐ Abstract

Title of manuscript:

Name(s) of author(s) and name(s) of organization(s) (i.e., Smith, John, NICHD):

Name of journal or book where this manuscript will be submitted:

Have you verified that the journal or conference publisher is credible? The NIH Library can assist you with verification. Please refer to guidance [NOT-OD-18-011](#) for additional information (*i.e., federal funds cannot be used for vanity publications or puffery*).

☐ Yes ☐ No

Name of meeting where this manuscript will be presented:

Date of meeting:

Location of meeting:

Acknowledgment statement includes the following disclaimer, which may be modified to add IC-specific acknowledgments:

"This research was supported [in part] by the Intramural Research Program of the National Institutes of Health (NIH). The contributions of the NIH author(s) are considered Works of the United States Government. The findings and conclusions presented in this paper are those of the author(s) and do not necessarily reflect the views of the NIH or the U.S. Department of Health and Human Services."

☐ Yes ☐ No

III. Clinical Study Information

Is this manuscript based on a clinical study protocol?

☐ Yes ☐ No (if no, move to Section IV)

Clinical protocol number:

Do all human subject research activities presented in this manuscript comply with the approved protocol?

☐ Yes ☐ No

Clinical exemption?

☐ Yes ☐ No

Do the clinical protocol or the study results contain any sensitive issues (*e.g., vulnerable populations, PII, identifiable images*) about which the reviewer should be aware?

☐ Yes ☐ No

IV. Animal Study Information

Is this manuscript based on an animal study?

- ☐ Yes ☐ No (if no, move to Section V)

Animal study number:

Do all procedures performed with animals comply with the approved protocol?

- ☐ Yes ☐ No

Do the animal study protocol or the study results contain any sensitive issues (e.g., images, photos, videos) about which the reviewer should be aware?

- ☐ Yes ☐ No

V. Cooperative and Development Research Agreements (CRADA) Information

Is this manuscript subject to a CRADA?

- ☐ Yes ☐ No (if no, move to Section VI)

Title of CRADA that supported this research:

Name of CRADA partner:

Is there a patentable invention resulting from this research?

- ☐ Employee invention report filed ☐ Patent application filed
☐ Patent application in preparation ☐ Not applicable

VI. Dual Use Research Information

Is there the potential that your research findings, work product(s), processes, or results could be readily misused to cause potential harm? If necessary, consult the [Dual Use Questionnaire](#) to answer this question.

- ☐ Yes ☐ No

If yes, please submit this form along with the manuscript to your Scientific Director (SD) and to dualuse@mail.nih.gov.

VII. Select Agent Research Information

Were any select agents or toxins used in the experiments described in this manuscript?

- ☐ Yes ☐ No (if no, move to Section VIII)

Using the [HHS and USDA Select Agents and Toxins list](#) as a reference, indicate below which select agents or toxins were used in the experiments described in this manuscript and whether they were either stored or used at an NIH facility.

Select Agent or Toxin	Stored at NIH	Used at NIH
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

- ☐ I attest and affirm that the research described in this manuscript was conducted in compliance with the CDC Select Agent Regulations ([42 CFR Part 73](#)) and/or the USDA/APHIS Select Agent Regulations ([7 CFR Part 331](#) and [9 CFR Part 121](#)).

VIII. Additional Requirements

Is this manuscript newsworthy?

☐ Yes ☐ No

If the findings in this manuscript have legislative or policy implications, have the appropriate legislative ([nihcongressionalrelations@nih.gov](mailto:.nihcongressionalrelations@nih.gov)) and/or policy (sciencepolicy@od.nih.gov) offices been notified?

☐ Yes ☐ No

Are all other reviews (*as required by the IC*) complete?

☐ Yes ☐ No

I will submit this manuscript with a signed NIH Publishing Agreement & Manuscript Cover Sheet. If a peer-reviewed article, I will submit it to PubMed Central upon acceptance for publication, unless the journal deposits the final published article directly in PMC without embargo. More information can be found at the [NIH Manuscript Submission System](#).

☐ Yes ☐ No

IX. Approvals

NIH IC Responsible Author Signature:

Date:

Name (*Printed*):

Lab or Branch Chief Signature:

Date:

Name (*Printed*):

Scientific Director or Designee Signature:

Date:

Name (*Printed*):