*All candidates will receive feedback on their proposal in the form of a letter from the Review Committee Chair. The letter will be based on written comments from the “Project Strengths and Weaknesses” section in this evaluation form, as well as on discussions during the review meeting.*

*\*Rating scores will not be released.*

|  |  |
| --- | --- |
| **Candidate Name:** |  |
| **Project title and brief summary:** |  |
| **Reviewer** and **Date of Review** |  |

**PROJECT STRENGTHS AND WEAKNESSES**:

|  |  |
| --- | --- |
| **Overall Quality:** * is this a resident project; is there a clear question/goal; are there clear outcomes; is the project well designed; is the proposal clear and well written?
 |  |
| **Contribution to Knowledge** * does this project address a significant gap in knowledge; does it advance the practice of laboratory medicine; is it novel?
 |  |
| **Feasibility** * is the project achievable with the time/space/resources available?
 |  |
| **Appropriateness of the Budget*** are the costs realistic; does the significance of the project justify the cost; are there budget items that should be omitted/reduced?
 |  |

|  |  |  |
| --- | --- | --- |
| **Rating Categories:** | **Score** | **Max** |
| - Project (quality, contribution to knowledge) |  | 7 |
| - Supervisor, research environment and feasibility |  | 3 |
| **TOTAL** |  | **10** |