

# Issues for CIHR Attention Form

<b>Name of candidate:</b>
<b>Application number:</b>
<b>Reviewer:</b>

Indicate on this form any issues for CIHR staff to address regarding the application. Please note that your signature is required at the bottom of the form.

**Program Eligibility**

Provide details:

**Term of Support**

Provide details:

**Ethical Issues**

Provide details:

**Human Stem Cell Research**

Provide details:

**Other**

Provide details:

<b>Signature</b>	<b>Date</b>
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Please return this form to CIHR via fax: (613) 954-1800, email: CGSMA@cihr-irsc.gc.ca or mail:  
Master's Awards  
Canadian Institutes of Health Research  
Research Capacity Development  
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